Study on transformative change among duty bearers and rights holders supporting prevention and response to gender-based violence in Bungoma, Kilifi, and Samburu counties, Kenya

Final Report for the Kenya-Finland Programme on
Strengthening Prevention and Response
to Gender-Based Violence (GBV) in Kenya

28 February 2025

"I was bitter due to my own experiences with GBV. I used to see my failed relationship as a constant reminder of my personal failure. I couldn't understand why this happened to me, and as a result, I found myself not trusting anyone, not even myself. My self-worth was shattered. It felt like I was carrying the weight of this pain on my own.

I used to believe that anyone who went through a similar experience just needed to 'get over it.' But after the personal counseling provided during this programme, everything changed. It wasn't just about learning how to counsel others, but how to heal myself. Through these sessions, I was able to confront my own bitterness and anger. It was incredibly powerful for me to realize that I wasn't alone and that my emotions were valid.

I recall one day when I was working with a survivor who had a very similar story to mine. She was also in a toxic relationship and struggling with feelings of self-hatred. I was able to guide her through some of the same healing techniques that had helped me. When she smiled at the end of the session, saying she felt 'lighter,' it made me realize just how far I've come. I now know that by understanding my own emotions, I can be there for others with more empathy and compassion than I ever imagined before."

Programme participant from Kilifi County.

Preface

This report is about transformative change. It is the result of a research that was undertaken in Bungoma, Kilifi and Samburu Counties between December 2024 and January 2025, to document moral and legal duty bearer's experience from their involvement in the Kenya-Finland Bilateral Programme on GBV prevention and response.

Consistently, across the three counties, the participants in the study told the research team a strong story about this change. They shared many examples from their private and professional lives, including stories about difficult events that had a profound impact on them. It is impossible to do justice to all those stories in a brief summary report. Each county, and even each group with whom the research team engaged, deserved their story to be told in full, so rich was the sharing in these discussions. To bring out the voices of informants, the authors of this report have made a deliberate choice to rely heavily on quotes. However, these quotes are but a fraction of the stories told, and are used as illustration of a key finding or key message that were often echoed across many of the focus group discussions.

For participants in the programme who informed this report, transformative change is as much about the significant outcome achieved as a result of the programme, as it is about process. It is clear from the evidence collected that the programme had a profound impact on the way people are as individuals, professionals, perform as teams. It is also clear that the programme has reached a critical mass of individuals in a short period of time, and is having a profound impact on the functioning of the whole multi-sectoral GBV system in those counties.

The programme served as a catalyst for a change process, a process that is still ongoing but that many believe will now continue on its own, even as the programme closes down. Yet, the Government of Kenya is recommended to continue invest in capacity strengthening, especially in certified trainings that build core competences for GBV prevention and response across multiple sectors. This investment needs to continue in Kilifi, Samburu and Bungoma, and is recommended to be scaled to other counties in Kenya as well. We hope that this report will provide sufficient evidence as to why this investment is important and strategic. We also hope that the report will provide food for thought for other countries that are engaging in GBV programming and help them make a strategic selection of capacity strengthening activities that have proven their effect on helping to break the cycle of GBV that in many places touch entire societies.

The report can be read in conjunction with the programmes toolkit "Adopting a Systems-Strengthening Approach to Improve Prevention and Response to Gender-Based Violence: Lessons from the Kenya-Finland Bilateral Programme" which provides details on the programme interventions and approach that contributed to the results evidenced in this report.

The research team:

Dr. Wilkins Ndege Muhingi, Principal investigator, Senior Researcher and Lecturer, Jomo Kenyatta University of Agriculture and Technology; Ms. Anna Nordenmark Severinsson, Co-investigator, International Network for Rights and Social Justice; Dr. Violet Simiyu, Researcher, Catholic University of Eastern Africa; Dr. Victor Otieno Okech, Researcher and Lecturer, Technical University of Kenya; Mr. Timothy Osiru Okatta, Researcher, Kenya Medical Training College; Mr. Edwine Otieno, Research Assistant, Graduate Assistant Multimedia University of Kenya; Mr. Michael Waweru, Research Assistant, Technical Committee member for Social Work Professional's Bill 2023; Ms. Faith Jebichii Kemboi, Research Assistant, Member of the Kenya Counselors and Psychologist Board, Clinical Psychologist (Ministry of Health)

Acknowledgements

Thanks to God, we were able to carry out this task successfully. We acknowledge Dr Wilkins Ndege Muhingi, Principal investigator; Anna Nordenmark Severinsson, Co-investigator; Dr. Violet Simiyu, Researcher; Dr. Victor Okech, Researcher; Mr. Timothy Osiru Okatta, Assistant Researcher; Mr. Edwine Otieno, Assistant Researcher; Mr. Michael Waweru, Assistant Researcher; and Ms. Faith Kemboi, Assistant Researcher.

We take this opportunity to thank the government of Kenya and Finland for their role and support in this programme. We appreciate the support of the State Department of Gender and Affirmative Action and the County Governments of Kilifi, Bungoma, and Samburu during the data collection. We also appreciate the initiative of the NIRAS Team led by Michelle Ell, the Project Management Team, and various stakeholders whose participation made this research a success. Last but not least, we thank all the informants who participated in focus group discussions, responded to the questionnaire, and shared their rich and touching stories with the research team.

Acronyms

CBO	Community Based Organizations
FGD	Focus Group Discussions
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
IPV	Intimate Partner Violence
NACOSTI	National Commission for Science, Technology, and Innovation
TOC	Theory of Change
PTSD	Post Traumatic Stress Disorder
NGAO	National Government Administrative Office
CHP	Community Health Professional

Contents

Executive summary

This study documents the changes that have occurred among moral and legal duty bearers and rights holders in Bungoma, Kilifi and Samburu counties in Kenya following their participation in the Kenya-Finland Bi-lateral Programme on GBV Prevention and Response.

Introduction

GBV remains a major public health and human rights issue in Kenya, with far-reaching social and economic consequences. Practices such as Female Genital Mutilation (FGM), child marriage and intimate partner violence (IPV) are still prevalent, highlighting the need for inter-sectoral interventions (Kenya National Bureau of Statistics, 2022). The Kenya-Finland programme, implemented from January 2023 to February 2025, aimed to reduce GBV in Bungoma, Kilifi and Samburu counties. The main objective of the study is to assess the transformative changes that have resulted from the capacity building initiatives targeting moral and legal duty bearers and rights holders to reduce GBV. Transformative change is a descriptive concept that defines the process and depth of change achieved.

The study used a mixed-methods approach combining qualitative and quantitative methods. It was conducted between December 2024 and January 2025 in Bungoma, Kilifi and Samburu districts. Study participants included duty bearers (professionals from different sectors) and moral duty bearers (elders, cultural leaders and change agents). In total 5-6 single sector Focus Group Discussions (FGDs) with representatives from health, education, children's services, justice, police, National Government Administrate Office (NGAO), and Community Based Organizations (CBOs), 2 mixed sector FGDs and between 4 and 5 FGDs with community members, change agents and community leaders were held per county, capturing the views of more than 350 individuals. Ethical approval and consent were obtained from all participants for the study.

Results

The study explored the changes that had taken place at four different levels: personal changes at the level of individuals, changes in the way people act as professionals, changes in their interactions as sectoral teams, and changes in the way professionals interact with other professionals in other sectors at the level of the GBV system. The study demonstrated that the programme contributed to transformative changes at individual, professional and group levels in all three counties. Transformative changes in the way professionals interact with professionals in different sectors (system level) have also taken place in Bungoma and Samburu. In Kilifi, system level change is on the boundary between substantial and transformative change on the scale established by this study. The qualitative component of the study shed more light on the type of changes participants experienced as a result of the programme.

Legal duty bearers

Legal duty bearers targeted by the programme were frontline professionals from the various sectors that are involved in preventing and responding to GBV cases, including professionals from health, education, children's services, justice, police, NGAO, and CBOs.

Individual change: At individual level, the program led to significant personal growth and change among participants, with notable improvements in self-awareness, emotion regulation, and self-control. Participants testify of greater personal healing from traumatic events, overcoming destructive

behaviors and a greater tendency to practice self-care. Personal growth, self-awareness and knowledge has influenced participants' behavior as parents, enabling them to build more respectful and empathetic relationships at home. Participants also testify to the fact that they have improved their communication skills and become more active listening. This has facilitated trust and mutual understanding with family members, children and other individuals. Participants feel that they are now less judgmental and more empathetic, and this has allowed them to strengthen family bonds.

Professional change: The changes people experienced in their private lives at a personal level also spilled over on how people operate as professionals, and manage cases related to GBV. The training provided specific skills that the participants now use in their work. The area where the greatest transformational change took place was in the ability to help survivors and at-risk cases restore their dignity. Through learning better emotional control, people feel that they are less prone to project their own negative feeling, not only to their own family, but also to learners (for teachers), or colleagues in the workplace. Training and personal counselling also enhanced the confidence professionals have in dealing with GBV survivors, giving a better cultural understanding. There is also a better understanding of the root causes and dynamics of GBV cases, amongst participants, which is leading to more effective and empathetic investigations and social enquiries, which in turn in some cases has facilitated social reconciliation and healing for GBV survivors. Participants now feel better at tailoring responses to different kinds of cases, to undertake better and more comprehensive case management. They feel that the professional approach has changed to be more ethical and empowering, and that they engage with clients with greater empathy and compassion. The quality of their services has improved, and there is greater professional satisfaction and less burn-out as a result. The results of the program on an individual and professional level motivated many to get involved and go beyond their immediate tasks. They became community advocates and challenged cultural norms that perpetuate GBV.

Group/team change: Both the quantitative and qualitative results confirm that the program helped to improve team relationships and collaboration between professionals, and relationships between supervisors and those supervised. This impacted on the way cases are escalated, how teams work together and support each other in managing GBV cases. There is increased information sharing and accountability and improved service delivery to survivors and clients. Workplace tensions have decreased. Participants testify that there is now a supportive work culture, improved workplace relationships, knowledge sharing, mutual support and mentoring. Supervisors played a key role in fostering a supportive environment, providing guidance and ensuring that team members had the resources they needed to succeed. Networking and collaboration have enabled participants to refer to complex cases and ensure more comprehensive care to GBV survivors. The program also contributed to better integration of services and more holistic care. Initiatives were taken in several areas to create safe spaces for clients/survivors. All these changes are helping GBV survivors in their healing process.

Systemic change: GBV cases need to be handled by several sectors, including health, police, education, children's services, peace and security, justice and probation. A seamless collaboration and coordination between professionals in these sectors improve the experience of survivors GBV and increases the chances of constructive resolution of the case. Program participants confirmed that the programme has contributed to more seamless collaboration and coordination between sectors. The quality of cooperation between sectors in escalating cases and the understanding of the complementarity of one's own sector within the multi-sectoral GBV system has improved. As a result, there is more effective case management that ensures more timely and comprehensive intervention. Institutions such as the police and health services benefit from greater trust as they now have

friendlier and trained staff providing client-centered services. There is less reliance on informal practices such as kangaroo courts and the rate of case resolution, whereby survivors get justice through the formal justice system has improved. Overall, participants feel that more ethical, confidential and client-centered professional practice and more effective case management and referrals have led to greater trust and respect for the system.

Moral duty holders and rights holders:

Moral duty bearers targeted by the programme included community leaders, such as elders, clan heads and Morans who hold powers to influence behaviour in their communities. Rights holders include community members, men and women, including survivors of GBV.

The ultimate test of transformative change is its impact on communities. In Bungoma and Samburu counties, community-level interventions focused on reducing harmful cultural practices such as female genital mutilation (FGM) and teachings that promote violence and reinforce negative stereotypes and child marriage. In Kilifi district, elders, cultural leaders and families were targeted with educational interventions to improve family relationships and reduce intimate partner violence.

Ending FGM in Bungoma County: In Bungoma County, the Kenya-Finland Programme marked a turning point by engaging elders, FGM practitioners, women leaders and the church in the fight against FGM, prompting many to abandon the practice. Cutters have begun to develop new livelihood strategies and advocate for change. Women have become powerful catalysts for change in the fight against FGM. By gaining education, economic independence and leadership roles, they are now demonstrating the potential for communities to thrive without harmful practices.

Ending FGM among the Samburus in Samburu County: In Samburu County, community members recognize that the situation is changing, that FGM is reducing, that early and forced marriage has become less common, that girls have more educational opportunities, and that women are more empowered. The active engagement of Morans and community leaders in promoting social change and advocating for women's rights has been critical. Morans are now increasingly willing to marry uncircumcised women, and community leaders and women champions are advocating for women's rights.

Strengthening parenting practices and reducing GBV in Kilifi County: Parenting trainings have proven to be transformative in Kilifi communities, addressing deeply entrenched cultural practices that perpetuate GBV and unequal family dynamics. The training not only changed personal attitudes but also promoted family harmony, community resilience, professional growth and systemic change. Parenting training facilitated a profound personal awakening to many. Fathers grew closer to their children and guided them with patience. Wives evolved from violent relationships with their husbands to relationships based on mutual respect.

Transformative change

The theory defines transformative change as change that enables a significant evolution in terms of scope, such as through scaling up or replication.

What is transformative change?

Deep impact: Participants in the programme refer to transformative change as "deep impact" in the form of a "profound shift" in people's thinking, not only stopping at changes in behaviors, but shifting behaviors as a result of changes in their value, belief systems and culture.

Catalytic mechanisms and spin-offs: This change, brought about by the programme has generated catalytic mechanisms and spillover effects. People have declared themselves to be teachers and agents of change, passing on new values and behaviors to others. The changes brought about by the program have also had a positive impact in other areas, such as the empowerment of women and their increased participation in decision-making processes. In addition, people who have undergone change say that they live healthier and happier lives.

Process: Transformative change is also described as a gradual process. While the change experienced by participants on an individual level is described as complete and irreversible, the change in society and the system is not yet complete and needs to be nurtured and sustained.

What creates transformative change in GBV programming?

Transformative learning processes: The program triggered a transformational learning process for participants through cognitive and emotional processes that they went through as a result of training and other capacity building initiative, as well as specific elements of those, such as counselling that was included in one of the certified trainings offered. The training enabled participants to change their approach through profound personal change and growth. Individual improvements led to professional changes and improved relationships with clients, colleagues and professionals from other fields. In addition, the delivery of standardized, certified training facilitated the collective experience, which helped build trust and networks among professionals.

Interventions across the socio-ecological system: The Kenya-Finland programme's TOC describes a causal logic whereby the improved capacity of duty bearers within the different layers of the socio-ecological system, were thought to be needed to strengthen the GBV-system and ultimately to contribute to a reduction in GBV and other harmful practices. The study findings confirm this TOC as valid. The programme was considered holistic as it involved moral and legal responsibility holders from all layers of the socio-ecological system along with inclusion and empowerment of rights holders.

Conclusion:

The results indicate that the programme was successful in bringing about transformative changes due to the facilitated transformative learning, holistic approach and promotion of local ownership. The changes are self-sustaining as self-appointed teachers and change agents have been established in the communities. The programme is a successful model that can be replicated in new communities in Kenya.

1. INTRODUCTION

1.1. Background

Gender-Based Violence (GBV) remains a significant public health and human rights issue globally, with far-reaching social and economic consequences. In Kenya, GBV is deeply entrenched in cultural, social, and economic structures, manifesting as physical, sexual, psychological, and economic abuse. The persistence of practices such as female genital mutilation (FGM), child marriage, and intimate partner violence (IPV) underscores the challenges faced by communities and policymakers in addressing this issue effectively. According to Bhattacharjee et al. (2020), over 65% of adolescent girls and young women in Mombasa have experienced at least one form of GBV, a reflection of its alarming prevalence across the nation. These statistics highlight the urgent need for multi-sectoral interventions that address the root causes of GBV while empowering individuals and communities to resist its perpetuation. Efforts to address GBV in Kenya have often focused on legal reforms and advocacy campaigns. However, systemic barriers, including limited institutional capacity, insufficient collaboration among sectors, and societal acceptance of violence, continue to hinder progress. Shako and Kalsi (2019) emphasize the gaps in Kenya's forensic and medical responses to GBV cases, with only 21% of survivors receiving comprehensive post-assault care. Furthermore, societal stigmas often discourage survivors from seeking help, exacerbating their trauma and perpetuating cycles of abuse (Bevilacqua et al., 2022). Addressing these issues requires holistic approaches integrating legal, medical, and social responses while fostering cultural change.

The Kenya-Finland Programme on Strengthening Prevention and Response to Gender-Based Violence in Kenya began full implementation in January 2023 and is ending in February 2025. The programme was designed to reduce GBV and other harmful practices in the counties of Bungoma, Kilifi and Samburu. To do so, the programme engaged a wide range of stakeholders working in prevention and response to GBV. One group of stakeholders, namely legal and moral duty bearers, received formal training and benefitted from numerous other engagements with a view to strengthening confidence and capacity to improve the quality of services. Another group of stakeholders, primarily Elders, Cultural Leaders and Champions, were supported to develop and implement roadmaps to address harmful cultural practices. There is a need to learn more about the impact of these investments to expand the evidence base and guide future programming.

1.2. Study rationale

The programme ended implementation in December 2024. A prior study undertaken in 2024 that focused on documenting the system for coordination of GBV prevention and response, evidenced that participants of the programme perceive the programme as transformative and unique. Several quantitative surveys with beneficiaries of training and other capacity building activities were also completed in February 2024. To feed into the learning on the benefits of the programme, the current study researched: (i) what type of transformation (if any) has occurred among the individuals, organizations, and system targeted by the Kenya-Finland Bilateral Programme; (ii) what (if anything) was unique and impactful about the approach that engaged Elders & Cultural Leaders on FGM (iii) what were the pathways for the observed changes/impact. Given the importance of both formal and informal systems in GBV prevention and response, this study will also consider the synergies and benefits of engaging both groups.

1.3. Theoretical framework and value of the study

This study was undertaken to explore if the Kenya-Finland bilateral programme has contributed to change that can be qualified as "transformative" in Bungoma, Kilifi, and Samburu counties. Transformative change is a descriptive concept defining the process and depth of change achieved because of programme interventions and activities. In literature, transformative change has been defined as *"a structural change that alters the interplay of institutional, cultural, technological, economic and ecological dimensions of a given system. It will unlock new development paths, including social practices and worldviews"* Mersmann et al. 2014). To achieve impact at that level, the programme was designed and informed from a theory of change and assumptions around how such an impact could be achieved.

1.3.1. Programme Theory of Change

The Theory of Change (TOC) identified duty bearers across a socio-ecological framework which is considered important for shaping the prevention and response to GBV. Ultimately the programme objective was for duty bearers within that socio-ecological system to contribute to a reduction in GBV and other harmful practices in the three counties. The programme interventions were designed to improve the capacity of duty bearers to identify, address, monitor, and prevent GBV in the targeted counties, strengthen the system for coordinating GBV prevention and response at, and between national and county levels, use data to inform multi-sectoral efforts, promote and scale evidence-based programming and services across the socio-ecological system. The programme also mobilized, inspired and supported collective leadership and complementary efforts to address the root causes of GBV, together with empowering women and girls, and promoting Champions for violence-free homes, schools, and communities.

1.3.2. Socio-ecological systems theory

The TOC directly speaks to the social-ecological systems theory that was first introduced by Bronfenbrenner (1977). The socio-ecological systems theory recognizes that human behavior is shaped by interactions across multiple levels of the socio-ecological system. As such, it provides a comprehensive framework that helps to understand the dynamics and interplay between system layers and stakeholders that need to be targeted and involved to ensure effective interventions. At the individual level, interventions focusing on personal empowerment and attitudinal change have shown promise. For instance, Bevilacqua et al. (2022) demonstrated that community dialogues targeting individual attitudes reduced GBV incidence by 18% over 18 months. On an interpersonal level, addressing relationship dynamics is critical, as Kimuna and Djamba (2008) revealed that 47% of spousal violence cases in Kenya stemmed from societal acceptance of intimate partner violence (IPV). The programme's focus on promoting healthy relationships and conflict resolution aligns with these findings. At the community level, cultural norms perpetuate harmful practices like child marriage and female genital mutilation (FGM). Quiroga et al. (2023) highlights the importance of involving community leaders in challenging such practices. Societally, systemic factors, such as gaps in forensic and legal systems, exacerbate GBV prevalence. Shako and Kalsi (2019) found that only 21% of survivors in Kenya received comprehensive post-assault care, underscoring the need for systemic capacity-building initiatives.

1.3.3. Transformational learning theory

Complementing this ecological perspective, Transformative Learning Theory offers insights into the cognitive and emotional processes necessary for individuals and communities to embrace change. Articulated by Mezirow (1991), the theory emphasizes the role of critical reflection and dialogue in fostering profound shifts in perspectives. This aligns with interventions in the bilateral programme that engaged individuals in reflective discussions to challenge oppressive cultural norms. Bhattacharjee et al. (2020) found that such dialogues helped 30% of women in Mombasa question and resist patriarchal practices. Furthermore, Bryant et al. (2017) demonstrated that reflective interventions reduced Post Traumatic Stress Disorder (PTSD) symptoms in 42% of urban Kenyan women with history of GBV, showcasing the potential for transformative approaches to heal trauma and build resilience through transformational learning. Community dialogues also play a critical role, as Bevilacqua et al. (2022) observed, reshaping collective attitudes over time and fostering a more supportive environment for survivors.

The study contributes to expanding the evidence base around how to advance transformative change in the field of GBV. By working at the system-level, the programme was seeking transformative change, whereby duty bearers know and fulfill their responsibilities in the prevention and response chain, and by working with rights holders to advance gender equality, support empowerment of women, and youth, and promote local champions for violence-free homes, schools, and communities. While there have been studies on the prevalence of GBV and its impacts, there is limited research on interventions that can contribute to systemic-, and transformative change. Understanding how moral and legal duty bearers can be better equipped to fulfill their responsibilities and how rights holders can be empowered to claim their rights is crucial for developing more effective strategies in GBV programming. This study therefore fills that gap by providing evidence-based insights into programmatic intervention and approaches that can help reduce GBV and support survivors in Bungoma, Kilifi, and Samburu.

1.4. Objectives

The overall objective of the study is therefore to evaluate the transformative changes achieved as a result of capacity-building initiatives targeting duty bearers, rights holders, and communities with a view of fostering systemic and behavioral changes to reduce GBV in Bungoma, Kilifi, and Samburu Counties. To meet this objective, the study assessed/analyzed/identified:

- **Behavioural change** through the personal and professional behavioural change experienced by participants in the programme.
- **Systemic change** as manifested in changes in collaboration and dynamics within groups and teams in individual sectors involved to support GBV prevention and response, and also the inter-sectoral collaborations.
- **Cultural shifts as manifested in** transformed attitudes and behaviours of communities towards harmful cultural norms.
- **Success factors** and challenges serving as mechanism that facilitate or hinder transformative change.
- **Lessons learned** to inform future investments into GBV programming that aim to scale and/or sustain GBV prevention initiatives.

1.5. Research questions

The study aimed at responding to the following research questions:

- How has the Kenya-Finland Bilateral Programme on GBV influenced individual stakeholder behaviors in Kilifi, Samburu, and Bungoma?
- What professional improvements have emerged in GBV services after the implementation of the Kenya-Finland Bilateral Programme on the GBV programme?
- What systemic changes have occurred in cross-sector collaboration through the influence of the Kenya-Finland Bilateral Programme on GBV?
- Which mechanisms facilitated or hindered transformative change?
- In which ways could the programmes be scaled up to sustain the achieved gains in GBV prevention initiatives?

1.6. Research methodology

1.6.1. Study design

The study used a concurrent mixed-methods approach utilising both qualitative and quantitative approaches. Data collection was undertaken in Bungoma, Kilifi, and Samburu counties between 9 and 13 December 2024. The counties were selected due to their involvement in the programme.

- **Bungoma** has a population of over 2 million residents and is ranked 4th most populous in the country. A rapid review of GBV risk and vulnerability suggests that there are 23 high-priority and 22 medium-priority wards.
- **Kilifi** is a large coastal county with a population of over 1.6 million. A rapid review of GBV risk and vulnerability suggests 21 high-priority and 16 medium-priority wards.
- **Samburu** is in Kenya's arid and semi-arid lands and covers over 21,000 km^2. It is the 9th largest county in the country and includes many remote hard-to-reach locations. A rapid review of GBV risk and vulnerability suggests 11 high-priority and 4 medium-priority wards.

1.6.2. Study population and sampling

There are three groups who are featured in the study:

- **Legal duty bearers** which are represented by professionals responsible for GBV prevention and response, such as police officers, healthcare providers, educators, children's services officers, justice and probation officers, professionals in community-based organizations (CBOs).
- **Moral duty bearers** that were targeted and leveraged by the programme to help with behavioral change at community level. Moral duty bearers included Cultural leaders such as Clan Heads and Elders, Change agents such as Morans, Parenting Facilitators, FGM practitioners, and Champions for change.
- **Rights holders**, primarily community members and GBV-survivors now involved in Championing for change.

The study targeted 3,051 participants which represents all beneficiaries of the Kenya-Finland bilateral GBV programme across Bungoma, Kilifi, and Samburu counties. This number included individuals from diverse capacity building activities as per Table 1 below. From this number, a quantitative and a qualitative sample was selected using different techniques.

1.6.2.1. Quantitative sample

A multi-stage stratified sampling technique was used to define a statistically representative sample for the quantitative component of the study. The counties were purposively selected to include those where the Kenya-Finland programmes has been rolled out. The target population was then stratified into the three Counties. Proportion to population size sampling was used to allocate the participants to their respective capacity building activity. Lastly, a random sampling technique was used to select participants using a roster (name list) as a sampling frame.

Table 1: Distribution of sample by capacity building programmes N= 3051 n=381

Capacity building activity	Bungoma		Kilifi		Samburu		Totals	
	N	N	N	N	N	n	N	n
Counselling	459	57	400	49	763	96	1622	202
Alcohol, Drugs & Substance Abuse	193	24	166	21	182	23	541	68
Mediation	83	11	43	6	80	9	206	26
Male Engagement	452	57	0	0	0	0	452	57
Leadership for Performance	45	6	30	4	42	4	117	14
Positive Parenting	30	4	34	4	31	4	95	12
Coaching Session	9	1	0	0	9	1	18	2
Totals	**1271**		**673**		**1107**		**3051**	**381**

In total, the study sampled 381 adult beneficiaries (18+ years) of the programme who could provide informed consent and who had participated in Kenya-Finland GBV programme activities. They were invited to complete an online questionnaire which was analysed statistically. The sample size was determined by Krejcie and Morgan sample formula. More details are provided in Annex 1.

1.6.2.2. Qualitative sample

To get further qualitative information on the change experienced by the programme participants, the factors that facilitated that change and how programme participants perceived and qualified "transformative change", a qualitative sample was purposefully selected to hear stories and experiences from legal duty bearers who had undertaken at least one of three certified training opportunities, namely Counselling; Alcohol, Drugs & Substance Abuse; Mediation trainings (see Table 1 above). These capacity building activities represented the most intense involvement in the Kenya-Finland Programme and the participants in those training activities were likely to have the richest experience to share on the changes that the programme had contributed to. The qualitative sample was selected to ensure:

- At least 5 single sector focus groups per county with between 8 and 12 participants in each focus group. The following sectors were targeted for inclusion in these FGDs: Police, Health, Education, Justice and Probation, Children's services, Community Based Organization, National Government Administrative Office (NGAO).
- At least 2 mixed sector focus groups per county with between 8 and 12 participants in each focus group

From the group of moral duty bearers and rights holders, in each county, the following sample was ensured:

- At least one FGD with community leaders per county (Clan Heads, Elders etc.)
- At least one FGD with change agents (Champions, Morans, FGM practitioners, Parenting Facilitators etc.)

- At least two FGDs with community members: one with community men and one with community women.

FGDs with moral duty bearers and rights holders informed case studies and observation of change in community settings. In Bungoma and Samburu, case studies focused on how far communities have eliminated the practice of FGM. In Kilifi, the case study focused on the results of positive parenting interventions on family dynamics and GBV.

1.6.3. Data collection instruments

There were eight data collection tools used in this study of which one tool was for the quantitative component of the study, 6 tools were for the qualitative component of the study and for use with various duty bearers. The eighth tool was not a data collection tool, but a tool to document cases of concern to facilitate referrals, if for ethical purposes, somebody in the study population needed to be referred to services. The data collection tools are available in Annex 2.

1.6.3.1. Quantitative component:

The quantitative component of the study was informed by a questionnaire that was administered to all beneficiaries of various professional capacity-strengthening initiatives of the Kenya-Finland bi-lateral programme on Gender-Based Violence. The questionnaire aimed to assess how beneficiaries appraised the change experienced as a result of the programme activities.

1.6.3.2. Qualitative component

A core component of the study is represented by a qualitative analysis of the transformative outcomes and process to which the programme has contributed. The qualitative analysis focused on two distinct areas related to the project. On the one hand, information was collected on the perceptions of programme beneficiaries regarding the changes at personal, professional, team and system level, as well as in community behaviors in preventing and responding to GBV cases and risks. On the other hand, information was collected on the mechanisms through which the different interventions had unfolded and on the channels through which they have produced their effects at professional, group, and system levels. The qualitative assessment formed the basis of our understanding of beneficiaries' perceptions of changes at personal, professional, group, and system levels as a result of the interventions.

1.6.4. Data Processing and Analysis

Once quantitative data was collected, it was checked for completeness and entered into SPSS, version 27, for further data cleaning and analysis. Frequency distributions were obtained to check for data entry errors (missing/unrecognized values and codes). The information was presented with descriptive statistics, tables, graphs, means, and frequency distribution. Qualitative data was recorded and transcribed verbatim in English and thereafter analysed using thematic analysis. Researchers used discourse analysis and thematic analysis as methods to explore participants' experiences and standpoints qualitatively. Discourse analysis allowed us to grasp different professionals' perspectives about their work on GBV prevention and response. Discourse is understood as a realm in which discursive practices cannot be disentangled from material and social practices. Thus, all the discursive elaborations in the data collection concern masculinities and femininities and discuss what men do "as men" and what women do "as women" in specific situations. The discourse analysis was carried out by inductively coding the text of the transcriptions and constantly comparing data until we could group the codes into families according to their similar meanings. This constant comparative approach helped to identify the patterns across discourses and

the axes of variation that were present in the data. The coding process was conducted and reviewed by three research team members to increase the analysis process's reliability. Final quality assurance, review of analytical themes and consolidation of themes between the three counties was done by a fourth team member.

1.6.5. Ethical Considerations

An ethical approval license was obtained from the National Commission for Science, Technology, and Innovation (NACOSTI) in Kenya after getting a clearance certificate from the PAC University Institutional Scientific Research Committee. Written informed consent was sought from all participants. Before obtaining written consent, the objectives of the study and the participant's rights were read to each participant. Participants/respondents were informed that their participation was voluntary, that they could feel free not to answer any question, and to discontinue the interview at any time if they felt uncomfortable. Each consenting participant signed a consent form. Other protection mechanisms were used to ensure participants' safety, particularly confidentiality, and privacy. In case of violence disclosure, participants were referred to local services for sexual assault survivors. All participants were also provided with contact information for local protection and support services, irrespective of violence disclosure or distress.

2. FINDINGS

2.1. The baseline

The programme defined the problem of GBV in Bungoma, Kilifi, and Samburu as multifaceted at baseline. In Bungoma, the predominant forms of GBV include IPV (53%), defilement (12%), teenage pregnancy (12-16%), and FGM in Mount Elgon Sub-County. Kilifi faces significant challenges with child marriage (47%), IPV (39%), teenage pregnancy (20-24%), defilement (7%), and FGM among one of the minority groups in the county. While data is not widely available, incest, sodomy, and psychological violence were also noted as critical issues of concern. In Samburu, the most prevalent form of GBV include FGM (86%), IPV (38%), teenage pregnancy (25-40%), defilement (7%), and child marriage (17%). (Kenya National Bureau of Statistics and Demographic Health Survey, 2022). These statistics which the project documented at baseline highlighted an urgent need for effective GBV prevention and response mechanisms.

Despite various prior interventions, there were still practical gaps in addressing GBV in these counties. One major gap has been the lack of comprehensive data and reporting mechanisms. Many cases of GBV have gone unreported due to cultural norms and the stigma associated with being a victim (NIRAS, 2023). Additionally, there has been a significant gap in the capacity of duty bearers to effectively respond to GBV cases. Training and resources for law enforcement, healthcare providers, and community leaders have often been inadequate, leading to insufficient support for survivors. Furthermore, there was a perceived need for more robust community engagement and education to challenge and change harmful gender norms and practices.

2.2. Evidence of transformative change

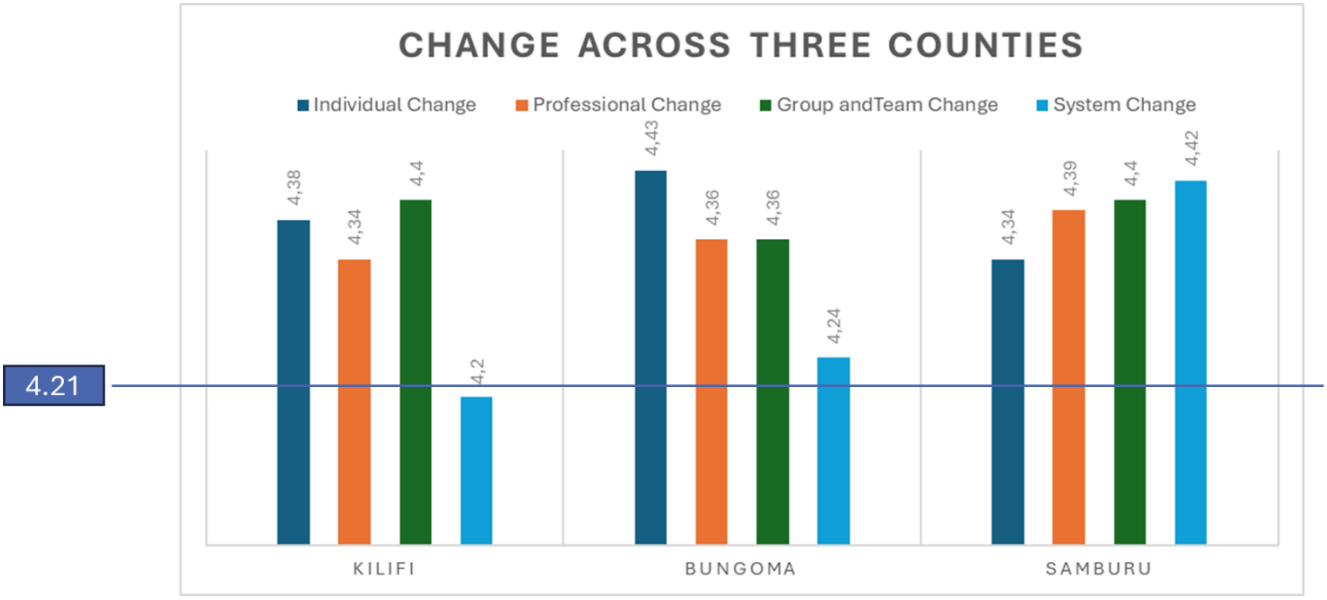
The study evidenced that the programme has contributed to transformative changes, at a personal, professional levels, as well as at the level of groups/teams within individual sectors, in all three counties. Based on the quantitative survey which was undertaken with a sample of the professionals who were involved in various capacity strengthening activities a scale of change was created to assess whether change has been transformative. At all these different levels, the composite mean result of the scale of change, is above 4.21 on a total scale of 5[1]. Transformative changes in the way professionals interact with professionals in different sectors have taken place in Bungoma and Samburu (system level change). In Kilifi, systemic change is on the boundary between substantial and transformative change on the scale established by this study. The differences in composite mean scores are small between counties, which means that the programmatic interventions made a similar difference in the three

Scale of change
1.00–1.80 = No change
1.81–2.60 = Minor change
2.61–3.40 = Moderate change
3.41–4.20 = Significant change
4.21–5.00 = Transformative change

[1] The scale was divided into equal or near-equal intervals to represent different levels of change. Each category spans approximately 0.80 units, ensuring a balanced distribution across the scale. The interval size of 0.8 was arrived at by getting the range of values 1-5 which 5, subtract one and then dived by 5. Then the values are grouped into five categories as per the box in the main text, describing the scale of change. These categories help interpret data, making it easier to assess and compare the impact of the implemented GBV interventions. To ascertain the degree of change experienced after the GBV interventions were implemented in Bungoma, Kilifi, and Samburu, the data was statistically analyzed descriptively through SPSS software to get the composite Mean, which summarized the responses on individual change, professional change, group change, and systems change.

different counties, despite different baselines and different contextual factors driving GBV in these counties.

Figure 1 - Composite mean change across the three counties



Study participants also testified consistently about how change at individual, professional, group/team and systems level is having an impact on:

- In their personal lives: That they have a better relationship with others, their children, have become better parents, have experienced personal healing, practice more self-care, better emotional regulation.
- At professional level: That there is less professional burnout, more professional satisfaction, that people are becoming self-appointed champions for change, that, through their professional work they are able to ensure healthier and happier families, and more empowered clients/GBV survivors
- At level of teams/groups within individual sectors: Professionals report reduction in workloads, better work life-balance, better services, and for their clients/cases they manage, enhanced case resolution rates
- At the level of system, interactions of professionals between various sectors have improved to the extent that participants report less reliance on informal justice mechanisms (kangaroo courts) and more reliance on formal justice mechanisms to manage GBV cases, and a reduction in different forms of GBV cases due to the deterrent of the justice system and enhanced reporting of cases.

The evidence of these changes is outlined and discussed in subsequent chapters of this report.

2.3. LEGAL DUTY BEARERS

Across sectors of education, health, gender, county and national administration, police, justice and probation, children's department, as well as GBV survivors, youth and community group members, thousands of individuals were enrolled in certified training programmes on (i) counseling, (ii) alcohol, drugs & substance abuse counseling/interventions; (iii) mediation, and (iv) community policing. The programme engaged diverse individuals (not all professionals) for coaching and learning opportunities, supportive supervision, professional development opportunities such as support to undertake case management reviews / case conferencing, reflective sessions and copies of standard operating procedures, leadership training. The aim was to strengthen stakeholders' awareness of their roles and responsibilities, to improve service quality and accessibility, and increase referrals with the ultimate goals of improving the GBV prevention and response in the counties. All in all, the beneficiaries of the programme and various capacity strengthening activities amounted to 3.051 individuals, of which 1.690 can be categorized as legal duty bearers, 1.232 as moral duty bearers and 129 as rights holders. Of the total beneficiaries, from any of those categories, 1.260 were involved through the programme activities in Bungoma, 682 in Kilifi and 1.109 in Samburu. This represents a significant share of all the professionals and service providers at county, sub-county and community levels, that exist in those counties, something which previous studies noted as having the potential of being a "critical mass" for transformative change in the way GBV cases are handled in those counties.

The study explored change from the perspective of beneficiaries of capacity strengthening activities, at personal level in terms of how various capacity strengthening had impacted on them as persons, at professional level, namely how change impacted on them as professionals, at group/team level, to explore how activities impacted on the way people relate to other professionals, colleagues, supervisors/supervisees in their own workplace/team/group within the own sector, and finally at system level, considering how the activities impacted in the way different sectors work together to solve cases of GBV.

PERSONAL CHANGE

When you have transformed you have changed from an initial position to another. You gave undergone a transformative change (…) For example, you could be offensive in your language in your speaking but after undergoing a transformation you are another person, you change shape (…) Whenever someone is pregnant, they are transformed, they change shape"

"On my side, whom I am now, is different. I am not the same person."

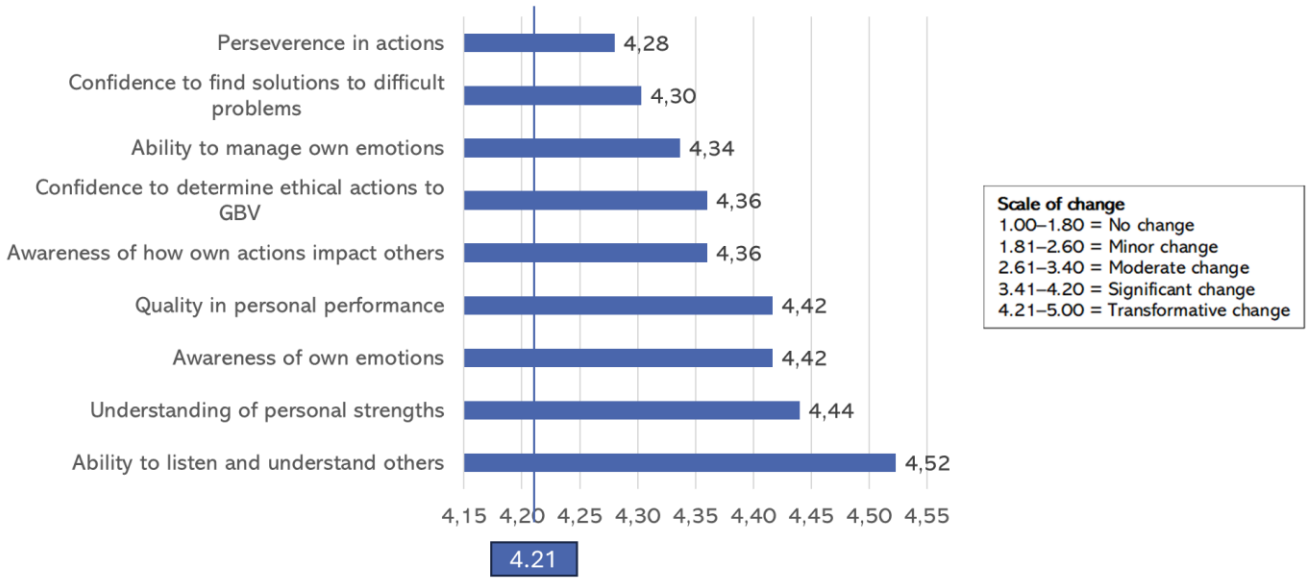
Reflections from FGD participants 1 and 2, Police and Security Officers, Samburu

2.3.1. Personal change

2.3.1.1. Quantifiable change

The quantitative findings highlight significant and transformative personal growth among respondents across all domains researched. The area that is felt as most transformed is (i) the ability to listen and understand others, followed by (ii) understanding of own personal strengths, (iii) awareness of own emotions, and (iv) quality in personal performance. On all indicators, the perceived change reaches and exceeds the quantitative threshold (4.21) of "transformative change".

Figure 2 - Personal change all counties



2.3.1.2. Qualitative stories of change

Across counties the following themes of personal change appear consistently in the FGDs.

Self-awareness and personal growth: There has been improved self-awareness and personal growth with many participants testifying to how the training they participated in helped them gain a deeper understanding of themselves, their emotions, strengths, and weaknesses, something which also helped them improve interactions with others.

"Before the training, I was harsh to my learners, creating fear and driving them away. I realized the problem was with me, not them." (Participant 11, FGD with Education, Samburu)

"I was so overwhelmed; I turned to alcohol. Now, I can handle situations calmly and prioritize self-care." (Respondent 8, FGD with Mixed Sectors, Bungoma)

"I now know how to handle burnout, and it has helped me both personally and professionally." (Respondent 3, FGD with Health, Bungoma)

Participants of FGDs from multiple sectors also described how the change affected them to the extent that they described themselves as being a different person or a changed person now. One participant from Samburu in a FGD with Chief described how, since he joined the administration, he had never seen a better programme and that "*it had impact that was personal to us.*" Through better self-awareness, participants also became better at identifying and managing stress and developing better stress management techniques. Personal growth also manifested in how

participants felt stronger and more self-confident and that they didn't need external validation to confirm their worth. They learned to prioritize their personal growth rather than seeking approval from others.

I stopped draining myself to please others, and I now take care of myself before helping others." (Respondent 8, FGD with NGO, Bungoma)

"Now I know how to approach matters peacefully instead of calling the police immediately." (Participant 3, FGD with Health, Kilifi)

"I have grown, I have learned to be accommodative of others, I am able to control my emotions." (Respondent 9, FGD with Police officers, Bungoma)

Emotional regulation and self-control: The training and counselling sessions, the self-awareness and personal growth they contributed to, also helped participants with their emotional regulation and self-control, which made them more empathetic and accommodating to others. In all the counties, participants described how the training helped them develop more peaceful approaches to remain calm in conflict situations and to resolve disputes in families and communities peacefully.

Personal healing and self-care: For some people who had gone through a personal tragedy or a traumatic event, participation in the programme, and especially the individual therapy sessions in the training on counselling and psychology, helped them in their own personal healing process. In several cases, participants described how the training helped them overcome destructive behaviour, such as consuming alcohol, and practice more self-care. Reflecting on the drinking, and late nights out with friends who were doing the same, until the programme opened his eyes, one participant shared how healing from trauma and the personal transformation experienced as a result of participating in the programme had completely changed his behavior and made him replace nights out drinking with friends, with more constructive behavior. Other participants shared that the individual therapy sessions of the counselling and psychology training helped release guilt, and that they now have an improved understanding of the importance of practicing self-care to be able to help others.

"In the environmental theory you say, "show me your friends and I will tell you who you are" (…). For me, those that I was spending sleepless nights with drinking spirits… they have not seen me (since receiving the training on alcohol and substance abuse)" (Respondent 2, FGD with Police, Samburu)

"I healed through the therapy sessions. I was carrying guilt over how I disciplined my daughter, but the programme helped me let it go." (Respondent 1, FGD with Children's Services, Bungoma)

"We learned a bit on self-care and family care, and it enabled me to understand how to manage myself." (Respondent 6, FGD with Judicial and Children's Officers, Bungoma)

"At home, I stopped policing my kids and started parenting them. Now they come to me willingly." (Participant 9, FGD with Mixed Sectors, Samburu)

Becoming better parents: For others, training, personal growth and self-awareness and knowledge of positive parenting techniques influenced their behavior as parents, making them become, what they felt was *"a good parent to my kids"* and better able to give *"the best to my children."* (Respondent 2, Bungoma). As a result, more respectful and empathetic relationships emerged at home.

Communication and active listening skills: One often referenced contributor to the transformative change that participants expressed they had experienced was how the training, and especially the

counselling and psychology training, improved participants' communication skills and made them become more active listeners. Active listening and empathetic dialogue transformed participants' interactions, fostering trust and mutual understanding with people around them. One participant shared how "*previously"* he *"would jump to conclusions and interrupt others"* but now instead gave *"people a chance to express themselves fully."* (Participant 11, FGD with Mixed Samburu) as a result of learning active listening skills through training. For many participants this transformed their relationship with others.

Overcoming judgmental attitudes and becoming more empathetic: Self-awareness and better active listening skills gained through personal counseling sessions also helped participants recognize their biases and become less judgmental towards others. Participants also describe how a less judgmental approach helped them become more understanding, empathetic, focusing on how individuals feel rather than judging them: "*I've learned how to approach and understand the student, to feel venye wanafunzi wanafeel (what students feel) instead of judging them."* (Participant 4, FGD with Teachers, Kilifi). Open communication helped participants realize that they had done wrong things in the past, ask for forgiveness to those they had done wrong, rebuild trust and strengthen family bonds. This was a key driver, for example, to improved family relationships. Participants also testify to more empathetic behaviour, for example toward individuals who are struggling with addiction or mental health challenges since they now better understand what causes these challenges.

Before the training, I was so judgmental based on how someone dressed or spoke. Now I take everyone as they are, with unconditional positive regard." (Participant 11, FGD Mixed Sectors, Samburu)

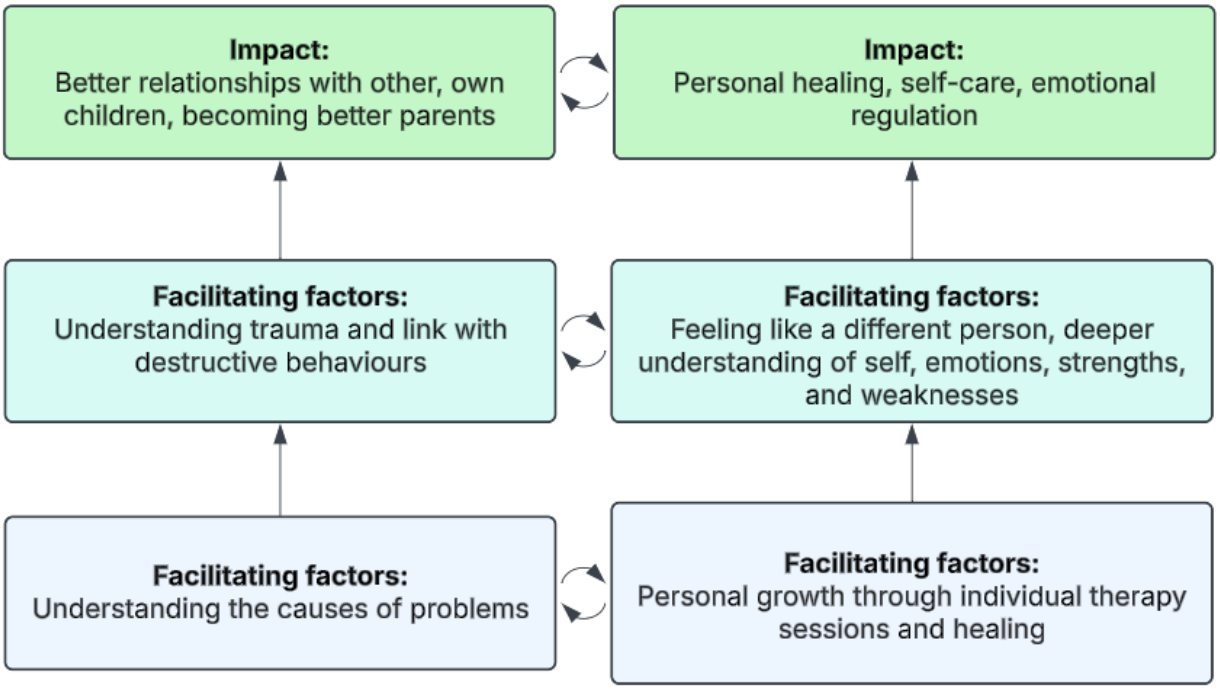
"I opened up to my kids and apologized. That was the only chance I had for them to express themselves, and now there's peace at home." (Participant 9, FGD with Judicial Officers, Samburu)

"I used to view addicts negatively, but now I understand addiction is an illness and requires empathy." (Participant 10, FGDs with Police, Samburu

2.3.1.3. Pathways for change

Ultimately, the cognitive changes achieved because of programmatic interventions, including the ability to understand root causes of problems, understanding of trauma and the connection to destructive behaviors, led to personal growth and healing, a deeper understanding of self, personal feelings, strengths and weaknesses. This in turn led to change in behavior, including more and better self-care, better emotional regulation, which in turn had a positive impact on participants' relationships with others in their personal lives.

Figure 3 - Pathways for change at personal level



PROFESSIONAL CHANGE

"Before undertaking this course, I was not so informed in alcoholic drinks, and I was fighting with my friends, and I was not sure what was happening to me.

It happened that we were a group of officers, and we were going to get a person who was shot in the forest. All of the sudden we were attacked by bandits, and we were shooting. One guy was shot, and one was killed and I had to sleep in the forest. I was escorted by bandits with illegal weapons until I was rescued. I fought with 120 bandits until there were only 24. It was a big fight. It happened in 2021. So, on Christmas day I come through the forest, I came crawling. (After the event) I find myself drinking. I cannot even go home but go to clubs.

Through the course I understood that people engage in alcoholic drinks because they cannot engage with reality. You have that response of body (…) There was denial… Some people say: 'you are angry for nothing', and after you begin (drinking) you go into depression. That training has enabled me even to give this training to little groups. I interact with little ones and when I engage with them, I cannot come and criticize them. I give time just one sentence at once. I tell them, 'let's pray that this year you can leave behind one drug… and then the next year another drug… and then the next year you live on just one drug"

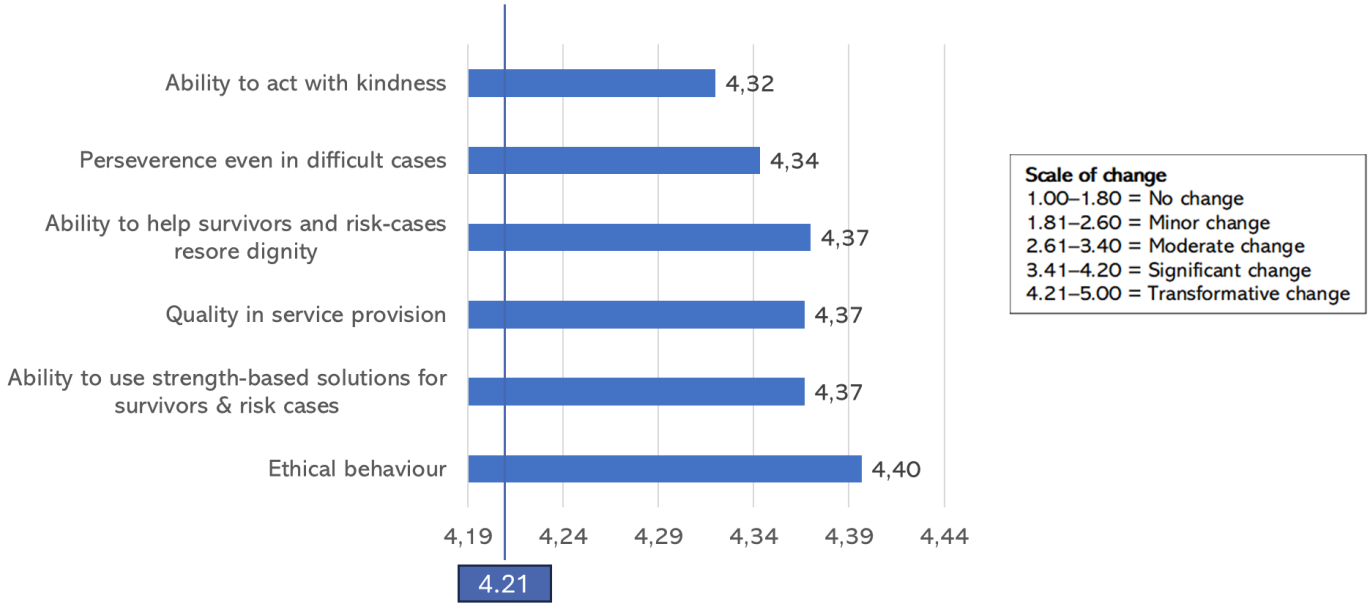
Programme participant from Samburu on how personal healing enables to engage empathetically with clients and helping them set their own goals towards healing

2.3.2. Professional change

2.3.2.1. Quantifiable change

The quantitative findings highlight significant and transformative change at professional level among respondents across all domains researched. The area that is felt as most transformed is in (i) ethical professional behavior (ii) ability to use strength-based solutions in the professional work with survivors and persons at risk, (iii) quality in service provision and (iv) ability to help survivors and persons at risk restore their dignity. On all indicators, the perceived change reaches and exceeds the quantitative threshold (4.21) of "transformative change".

Figure 4 - Professional change all counties



Across counties the following themes of professional change appear consistently.

2.3.2.2. Qualitative stories of change

Anger and stress management skills: In the training, participants learned techniques to manage anger and stress, which they feel have helped them to stop projecting their own negative feeling, not only to their own family, but also to learners (for teachers), or colleagues in the workplace.

> *"I learned to manage my anger and stopped projecting it onto my learners or family."* (Participant 11, FGD with Teacher, Samburu)

Self-confidence and professionalism: Training and personal counselling also enhanced the confidence professionals have in dealing with GBV survivors, feeling more *"confident in discussing GBV issues openly with both survivors and colleagues."* (Respondent 9, Council of Elders Bungoma). Participants testify that the training and self-awareness gained through that training, including the ability to recognize their own emotions, led to greater professionalism as it helped them better separate personal issues from professional, and have a greater ability to not let personal reactions influence their professional behavior.

> *"I used to let my emotions influence my decisions, but after learning emotional control, I now work peacefully and effectively."* (Participant 7, FGD with Mixed sectors, Samburu)

Understanding of cultural bias, barriers and sensitivities: The training also gave participants enhanced cultural understanding, helping to *"draw a clear line between cultural norms and GBV"* which made it *"easier to address cases in the community."* (Respondent 6, FGD Mixed Bungoma). Training also changed participants' perspectives and opened their eyes to cultural practices like FGM and wife battering, which before they had seen as normalized part of the cultural fabric and now started understanding as negative features of their society. Recognizing different forms of GBV as a problem was a first step in breaking the silence around these issues and prompted professionals to act against these harmful traditions. To some that realization started when they started their personal journey towards self-awareness.

> *"I used to view FGM and wife battering as normal due to cultural beliefs, but now I understand their psychological harm and advocate against them."* (Participant 11, FGD with Chiefs/NGAO, Samburu)

> *"My drivers to change are attitudes and self-awareness. GBV is not part of the culture. We have now just learned to call it what it is. It is a violation of rights."* (Participant 1, FGD with Mixed Sectors, Samburu)

Understanding of GBV causes and dynamics: Participants also testify of the fact that training helped them gain a better understanding of the underlying and root causes of GBV, and of the dynamics that surround GBV cases in society. Participants from different sectors, both those dealing more with GBV survivors, and the professionals from sectors dealing more with GBV perpetrators, testified to a better understanding of underlying and root causes and how their different clients (perpetrators and survivors) were affected by these causes. For example, the training gave participants a better understanding of perpetrators' experiences of GBV and that addressing also perpetrators' needs will help to prevent recurrence. Combined with exposure to, for example mediation techniques, cultural awareness, greater understanding of causes, participants became better able at recognizing when non-punitive alternative approaches in resolving cases could be helpful.

> *"That perpetrator you are ignoring may also be in serious need of GBV services and giving them time can prevent recurrence."* (Respondent 9, FGD with Judiciary, Bungoma)

> *"Sometimes the caregiver is the contributing factor to a child's defilement, and we work to ensure the child is placed in a safe environment."* (Respondent 11, FGD with CBOs, Bungoma)

> *"I've significantly changed how I handle GBV cases and now approach such cases with understanding and proper counseling."* (Participant 3, FGD with Police, Kilifi)

Realizing that *"these people (perpetrators) also need support."*, professionals testified to becoming more empathetic in investigations and social enquiries and saw that this helped perpetrators accept and admit their guilt and ask for forgiveness. This in turn, they noted, facilitates social reconciliation and healing: "*so, there is much more non-custodial sentencing compared to prison sentences (now compared to before) because the social enquiry and social reconciliation is serving as rehabilitation process for the perpetrator and the survivor."* (Respondent, FGD with Morans Samburu).

Overall, both related to perpetrators and GBV survivors, training helped participants better understand and identify hidden contributors, that is, the underlying and root causes to GBV cases. A better understanding of underlying causes and the need to unpack hidden issues, led to more probing to uncover underlying problems in GBV cases which in turn has led to better case resolution. Participant 9, from Samburu reflected on how probing

skills, in a burn case, helped reveal that the *"case was tied to GBV"* which *"led to referrals and eventual resolution."* (Participant 9, FGD with Chief Samburu)

> *"We now understand where alcohol stops and where GBV starts, which has made our work in the community."* (Participant 6, FGDs with Chiefs/NGAO, Bungoma)
>
> *"The training opened my eyes to the realities of mental health issues and how to approach them sensitively in my community (…) we no longer judge addicts but instead focus on helping them heal and recover."* (Participant 10, FGD with Chiefs/NGAO, Samburu)

Enhanced skills for tailoring responses to different kinds of cases: Professionals who are involved in preventing and responding to GBV cases need to understand a wide range of factors that influence the lives of their clients, to address their needs. Testimonies from FGDs evidence enhanced skills for tailoring professional responses to different kinds of cases and clients now. For example, training helped participants recognize substance abuse dynamics and identify the intersection of substance abuse and GBV and consequently improve their professional service delivery to these clients. Training also led to a changed perception of addiction that helped professionals view addiction as a medical issue rather than a moral failing. This improved their approach to clients with substance abuse problems. Another type of client that professionals have gained better understanding with is individuals "at risk", whom they now understand need to get tailored support early on, before the situation escalates further. Training in counseling and therapy were highlighted as giving participants skills and tools for addressing the needs of children involved in disputes, ensuring their holistic well-being. Mental health issues were another area that participants say they gained better understanding of, equipping them to approach mental health and addiction differently in their communities now compared to in the past. If mental health issues before were stigmatized, because the issue was not fully understood, participants of the training now testify of the training having reduced their stigma around mental health and addiction, helped them develop a more compassionate and supportive professional approach.

> *"I now understand that addicts need help, not punishment. Empathy is key to helping them recover."* (Participant 10, FGD with Police, Samburu)
>
> *"I've also been able to counsel young men in my community, helping them approach issues with understanding and calmness."* (Participant 3, FGD with Police, Kilifi)

Better and more comprehensive case management: Understanding the underlying and root causes gave professionals a pathway to address cases more holistically, considering psychological, social, and medical needs comprehensively. Other skills imparted by the training, such as aspects emphasizing the importance of data collection and reporting, complemented this understanding and have contributed to better case documentation and case management.

> *"We ensured the client's psychological needs were met before referring her to the police and other departments."* (Participant 9, FGDs with Health, Samburu).

Enhanced skills for active listening, communication and counselling: The active listening, communication and counselling techniques taught in the training, as much as it was useful in participants' private lives, and in changing people's personal experiences and relationships, were also directly relevant and applicable to people in their daily work as professionals. Participants testified to how enhanced skills for active listening and communication helped them become better professionals and change their counselling techniques, resulting in better trust from the clients. Not unlike how these skills helped participants approach people in their private life with less judgmental attitudes and an open mind, it helped professionals' approach both survivors and perpetrators with more empathy and fairness. In the professional space, these skills manifested in new approaches to counselling, whereby the professionals shifted the focus from trying to teach their clients and providing them with direct solutions, to an approach that was based more on empowering clients to find their own strengths and solutions, fostering client independence and confidence and guiding clients to make informed decisions. Most descriptions of the counselling and skills imparted by the training speak to the fact that this is a completely new approach to professionals, which they didn't use, or know, existed before, and that this has increased their professional competency in providing this service. Active listening and communication skills were useful elements of training not just for counsellors but also for other professions, such as teachers. It helped them shift away from reprimanding students without understanding them to listening and supporting them.

"Before the training, I just listened judgmentally, but now I provide full attention, and my clients trust me more." (Participant 7, FGD with Health, Samburu)

"Even perpetrators need to be listened to, as understanding their behavior can lead to meaningful change." (Participant 11, FGD with judicial officers, Bungoma)

"Previously, I didn't fully understand counseling and often found myself giving clients direct solutions." (Participant 3, FGD with Children officers, Kilifi)

"Initially, I would give clients direct advice, but now I let them make decisions based on the information I provide." (Participant 5, FGD with Education, Bungoma)

"Before, I would call students out in front of the class without understanding their situation. Now, I listen to them and try to find solutions together." (Participant 4, FGD with Mixed Kilifi)

"After the training, I realized my mistakes and now listen actively to learners, which allows them to open up and share freely." (Participant 2, FGD with Education, Samburu)

Enhanced skills for conflict resolution and mediation: The skills imparted by the various training helped professionals understand the importance of self-reflection, approaching others with more tact, in the workplace and with their clients, helping them to counsel and mediate in conflict. The understanding that people have unique personalities has led them to adjust their expectations and interactions accordingly, which facilitates conflict resolution and mediation. This has helped participants as professionals develop mediation skills to mediate family conflicts, reducing harm to children and creating healthier family dynamics.

"I used to expect everyone to behave like me. Now I know we are all different, and I relate better with others (now) I reflect on myself before approaching others, ensuring I don't escalate conflicts unnecessarily." (Participant 2, FGD with Police, Samburu)

> *"Through counseling, I helped the couple communicate, encouraging them to take small steps toward rebuilding trust."* (Participant 2, FGD with CBOs, Kilifi)

Enhanced tools to respond to GBV cases: Participants felt that the training on different forms of GBV gave them tools to respond and had helped them understand "*how we can help those people who have undergone GBV."* (Participant 5, Bungoma) and that the "*training on drug and substance use"* helped *"discovered certain specific tools that one needs to use when counselling such clients."* (Respondent 11, FGDs with NGAO Bungoma). Communication and conflict resolution techniques equipped them with tools to facilitate effective counselling in cases. Referring to improved tools, in Bungoma, FGD participants furthermore referred to a data-driven platform for reporting and reviewing GBV cases which in their view were an important tool to improve accountability, decision making and monitoring of trends in GBV, and helping them "*to report physical, emotional, and sexual cases daily"* and allowing *"to monitor changes in behavior."* (Participant 7, FGD with Health Bungoma)

Empowering professional approach and client autonomy: According to respondents, the programme emphasized the importance of empowering clients, enabling them to take ownership of their decisions and actions. This shifted their own professional approaches from making decisions for clients to empowering clients to make their own choices. As a result of this new approach, survivors were empowered through effective counseling, improving their relationships and quality of life. Participant 2, FGD with Health Kilifi, shared how he had used the new counselling technique with one couple and that *"Eventually, the couple reconciled, and their relationship improved, bringing peace to the family."*

> *"After undergoing the training, I learned my role is not to provide solutions but to guide clients in finding their own resolutions."* (Participant 8, FGD with Mixed Group, Kilifi)

> *"Counselling is now about guiding the client to find their own solutions rather than imposing directions."* (Participant 5, FGD with Health, Bungoma)

Engaging with clients with empathy and compassion: Across the counties, and from different professional sectors, participants testify to engaging professionally with more empathy and compassion with their clients and GBV survivors. For example, teachers adopted a more compassionate and supportive approach, creating a safe environment for students to share their problems. Other professionals shared that they have developed the ability to empathize with clients/survivors, recognizing their intrinsic value, allowing them to address GBV cases more compassionately and effectively, treating survivors with dignity. The more empathetic and compassionate approach was attributed to greater self-awareness and less judgmental attitudes, which was an outcome of their personal growth as individuals. Participant 11, FGDs with police from Samburu shared that when he "*removed judgment and saw everyone as important,*

> *"I try to empathize with the students and understand them better instead of criticizing them for irrelevant things like how they combed their hair."* (Participant 4, FGD with Chiefs/NGAO, Bungoma)

> *"I've developed empathy, learning to put myself in the shoes of survivors of GBV."* (Participant 2, FGD with Health, Kilifi)

> *"Previously, I might have dismissed a young girl crying over a boyfriend. Now I approach such cases with understanding."* (Participant 3, FGD with Children's Officers, Kilifi)

"We make sure sensitive cases are recorded securely and shared only with relevant professionals, which builds trust and confidentiality." (Participant 11, FGD with Police, Kilifi)

"This shift has enabled me to support clients more effectively, helping them feel empowered and fully assisted." (Participant 3, FGD with CBOs, Kilifi)

"We no longer dismiss cases or stop at treatment. We ensure survivors get proper care and follow through with referrals." (Participant 9, FGD with Health, Samburu)

this change allowed people to approach me more comfortably." Which was an ultimate indicator of having provided a better service and being able to make the service more accessible through empathetic and compassionate behavior.

Ethical practice, confidentiality and quality of service: Participants also became more mindful of professional ethics, such as confidentiality, in handling sensitive cases. Personal growth, leading to better self-awareness, less judgmental attitudes and more ethical practice, enabled through training and personal counselling, allowed participants to build trust with clients and colleagues. In Samburu, Participant 11FGD with Elders shared that "*Clients trust us more because of the confidentiality and care we now provide."* Overall, participants testify to improvements in the quality of service, and that the programme fostered a shift toward a survivor-centered approach, emphasizing empathy and dignity.

"After undergoing the training, I learned my role is not to provide solutions but to guide clients in finding their own resolutions." (Participant 8, FGD with Mixed Sectors, Kilifi)

"When the couple returned to thank me for the positive change in their lives, I felt immense satisfaction." (Participant 2, FGD with Fathers Kilifi)

"We meet very different cases. Sometimes your past experiences, you have unfinished businesses and then you meet someone, and he takes you back or triggers you. If you were very beaten as a child and then you are doing a social enquiry with a child who was beaten, then it makes you say this is a bad guy. I take care of myself better. I take my rest day. I take family time. I am able to be clear on that. I do not feel so exhausted. Before I overworked myself." (Participant 4, FGD with Police, Samburu)

Professional empowerment through self-reflection: For some, professional empowerment has grown through reflection, and the professionals and participants who were once victims of GBV themselves, gained the confidence to reflect on their experiences and use them to mentor others.

Greater professional satisfaction and less professional burn-out: Seeing positive outcomes from their interventions with clients has given participants a sense of accomplishment and motivation. Many participants felt that counselling, self-awareness, and the ability to overcome their own traumas helped change professional relationships, view on cases, practice more self-care and ultimately reduce professional burn-out.

"Even at home and in the community, people now consult me about GBV. I feel like an advocate for gender-based violence." (Participant 7, FGD with Chiefs/NGAO, Samburu)

"Back then, I accepted GBV because of culture, but now I reflect and realize it was wrong. I try to mentor others to empower themselves." (Participant 5, FGD with Mixed Sectors, Kilifi)

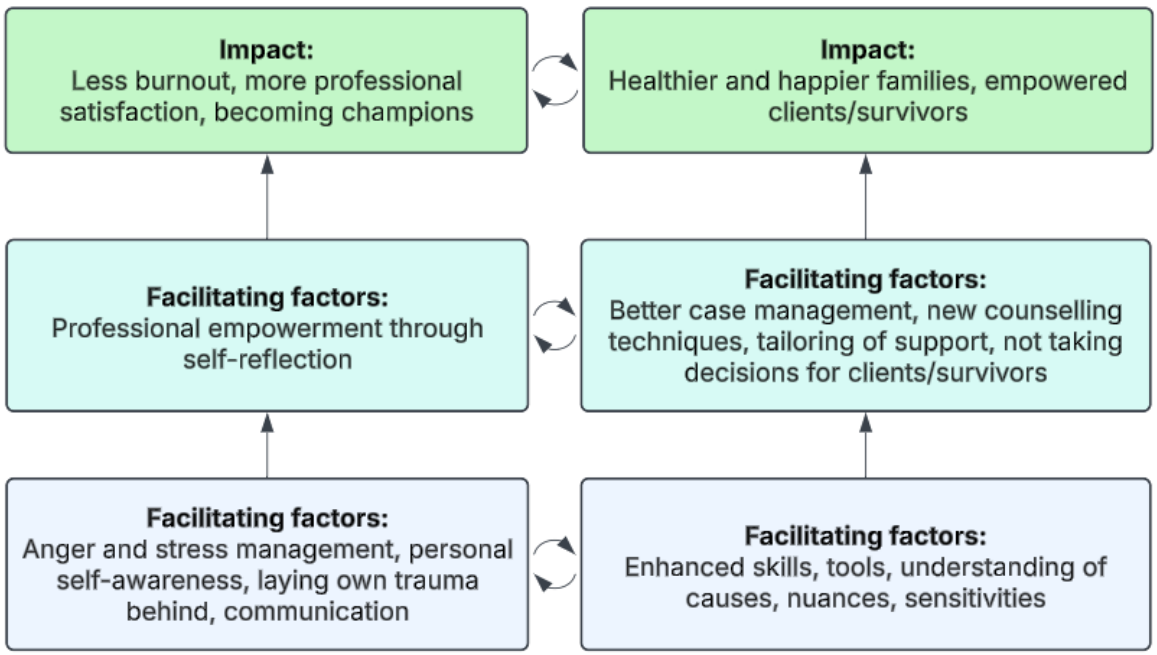
Motivation to become champions: The programme's outcomes at individual and professional levels have also motivated many to become champions and go beyond what was their immediate responsibility. For example, the programme and training transformed participants into community advocates,

addressing GBV cases even beyond their work settings. It helped some challenge cultural norms that perpetuate GBV, empowering individuals to advocate for change within their communities.

2.3.2.3. Pathways for professional change

The cognitive and behavioral changes that people experienced on a personal level, such as improved personal self-awareness, healing from trauma, improving communication, anger and stress management, combined with the skills and tools professionals received through the training, have served as facilitating factors that have allowed for professional empowerment, improvements in case management and counseling techniques, which in turn have had an impact on both the individual professionals and their clients who seek support from them. The ultimate impact of these changes on professionals appears to be that they feel less burnt out, more satisfied professionally, and that many now have an internal motivation to speak out about GBV and teaching others about what they have learned, advocating for change with other professionals and people around them. This will help sustain the impact of the program beyond its duration. For the clients and survivors of GBV, the professional changes sparked by the program seem to have improved service delivery which in turn has helped improve family relationships of the clients, empower clients/survivors to make the necessary changes in their lives that can help them overcome the situation they are in and begin to heal.

Figure 5 - Pathways for change at professional level



GROUP / TEAM CHANGE

“Peer support has been crucial in how I engage with survivors. The training gave us the knowledge, but discussing tough cases with colleagues has been transformative. For example, when I was struggling to connect with a survivor, a colleague shared a technique of focusing on non-verbal communication and giving the survivor space, which worked wonders. These exchanges have made me more confident in my work and less isolated. As a team, we’ve built a culture where sharing challenges is seen as a way to grow and improve. Now, I feel supported and empowered to tackle even the most difficult cases."

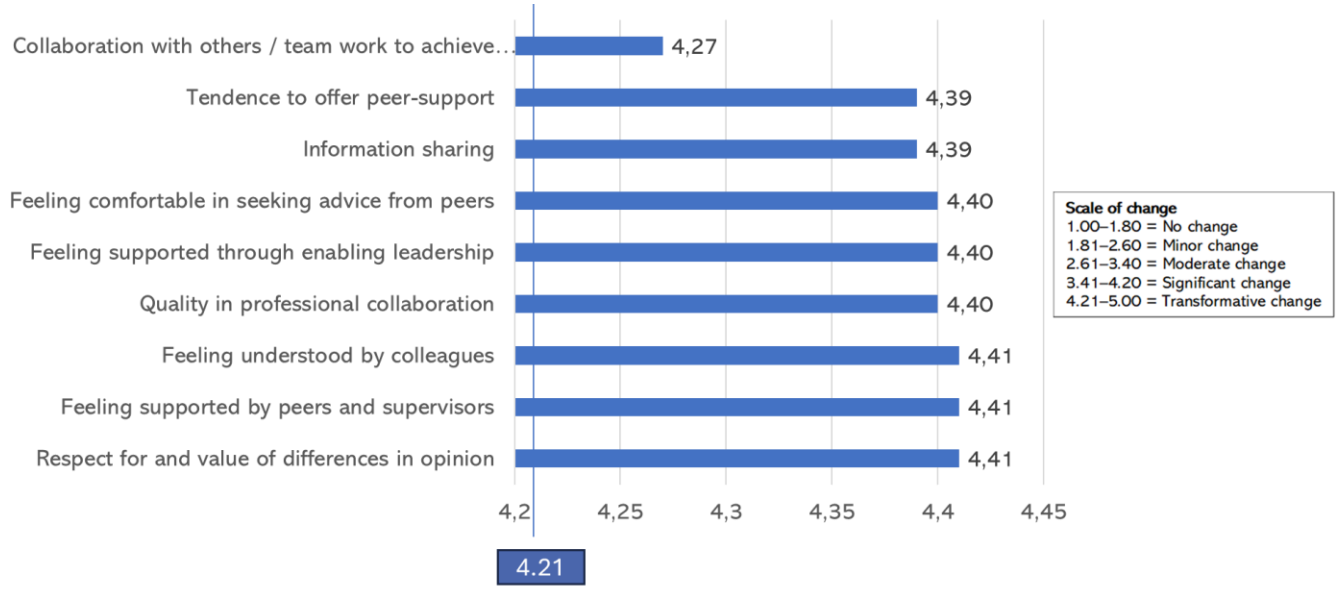
Programme participant from Kilifi

2.3.3. Group/team change

2.3.3.1. Quantifiable change

Similar to the personal and professional levels, the change experienced as teams/groups within individual sectors has been "transformative" across all domains researched. The area that is felt as most transformed is in (i) respect for and value of differences in opinion (ii) feeling supported by peers and supervisors and (iii) feeling understood by colleagues. On all indicators assessed, the perceived change reaches and exceeds with significant margin, the quantitative threshold (4.21) for having reached "transformative change".

Figure 6 - Team/group change all counties



Across counties the following themes of change in team and group dynamics within different sectors that are responding to GBV cases, appear consistently.

2.3.3.2. Qualitative stories of change

Team relationships and collaboration: In FGDs, participants shared how the training offered by the programme helped to reduce workplace tensions and misunderstandings, fostering better collaboration and communication among colleagues. Shared experiences and mutual learning during training fostered a sense of collective healing and empowerment among participants which created deep professional and personal bonds between colleagues and this positive connection has spilled over into their workplaces. The programme encouraged a culture of openness and mutual support among professionals, enhancing service delivery and providing supportive workplace culture. It also fostered a culture of teamwork and collaboration among participants. Many reported that they now work more effectively with their colleagues, sharing

> *"I used to quarrel with colleagues about misplaced tools. Now, I understand it's a shared workspace, and I relate better with them."* (Participant 9, FGD with Health, Samburu)

> *"Through counseling sessions, I realized that by coming together as a family (referring to colleagues), we could support each other better."* (Participant 4, FGD with Mixed Sectors, Samburu)

"After training, I was able to delegate and listen to team members. We now love one another, there is better collaboration." (Participant, FGD with CBOs, Kilifi)

"I have been a counselor before, and I was really overwhelmed. The training is a very big change in the workload. Now there are many more people who can handle cases." (Participant, FGD with Health, Samburu)

"I used to judge my colleagues, but now I view everyone as important. This has built trust and improved our interactions." (Participant 11, FGD with Police, Samburu)

"We conducted on-the-job training among the team during monthly meetings to ensure knowledge is shared." (Respondent 1, FGD with Judiciary and Children's officers, Bungoma)

responsibilities and supporting one another. Participants noted that the training emphasized the importance of clear communication and mutual respect within teams, which has led to stronger professional relationships. Reduced judgmental attitudes have fostered openness, trust and stronger relationships among team members, which in turn has enabled collaboration, more seamless coordination and better service delivery. The training sessions served as a catalyst for creating opportunities for knowledge sharing among team members. Those who were trained felt that they wanted to share their experience with their non-trained peers back in the workplace and people who were part of the training also continued knowledge sharing amongst themselves to continue enhance their skills.

Participants also highlighted how the training encouraged peer support and made them understand the value of mentorship within their organizations. Participant 11, FGDs with health from Bungoma explained how *"Mentorship was done as we moved as a team"* enabling to learn" from one another more skills *"to add on what we were having."* In one education facility, participants began mentoring others, especially vulnerable groups, fostering collective efforts to address GBV and support students. Teamwork also fostered a culture of more collaborative problem-solving. This was found valuable especially when it came to managing complex GBV cases and professionals felt that they can *"refer cases"* and that they nowadays know better *"who to contact when you have a case"* (Participant, FGD with Health Kilifi). Collective problem solving is not limited to case management of GBV cases, but also in the workplace where teams became more effective at addressing group dynamics and that, when faced with such challenges, they could work together, learn from each other, rather than enter into non-constructive behaviour such as blaming each other. Finally, group work has also contributed to a change in the workload. For example, participants reflected on how the bigger professional network of counsellors now has contributed to professionals feeling less overwhelmed since they can share the workload.

"Those who were trained have the same skills and very often we share information that enhance our skills" (Participant 7, FGD with Police, Kilifi)

"My colleagues and I support each other through referrals and counseling. The training strengthened our teamwork." (Participant 9, FGD Mixed Sectors, Samburu)

"I now mentor young girls who have been affected by GBV, helping them develop self-awareness and self-love." (Participant 5, FGD with CBOs, Kilifi)

"We now understand that as a team, we need to support each other rather than blame one another." (Participant 4, FGD with Judicial Officers, Samburu)

Supervisor-supervisee relationships: Supervisors were identified as playing a key role in fostering a supportive environment, providing guidance, and ensuring that team members have the resources they need to succeed. Additionally, participants mentioned that the training helped them set boundaries, which has improved their ability to balance work and personal responsibilities. Leadership and coaching training empowered participants to delegate and give/receive constructive feedback which helped stimulate changes in leadership styles. Supervisors on one hand understood the need and value of delegating duties, while supervisees gained a better understanding of the importance of reporting GBV cases to their supervisors and sharing critical updates on the cases with their supervisors.

> *"I now keep boundaries with the time of calling clients and colleagues. This has helped me manage my workload and improve collaboration within the team."* (Participant, FGD with Health, Kilifi)

> *"I underwent training on leadership and coaching, and it has really impacted me because there was a gap in terms of delegation of duties."* (Participant 10, FGD with Chiefs/NGAO, Bungoma)

> *"We keep our supervisors updated to ease the burden and help with decision-making. If you keep quiet, it creates unnecessary stress."* (Participant 1, FGD with Judiciary and Children's Officers, Bungoma)

Escalation of cases and accountability: The combined effect of greater self-awareness, having better professional relationships within the team and with supervisors has fostered an understanding of shared responsibility for cases from which professional accountability has grown. As a result, people report a greater tendency and understanding of the importance of escalating cases, which has led to better service and chances for case resolution. People also testify to being better at professionally judging their own limitations and that they feel more confident to now refer cases to the right professionals. The shared values and understanding cultivated through the programme, improvements in teamwork have created a sense of unity among participants, allowing them to provide more effective and ethical services to GBV survivors. The networking and collaboration allowed participants to refer to complex cases and ensure comprehensive care. The training also enhanced participants' knowledge of referral processes and protocols ensuring GBV survivors access the services they need promptly.

> *"Before, I would try to handle cases I wasn't qualified for, but now I'm genuine and refer them to colleagues who can help better."* (Participant 11, FGDs with Chiefs/NGAO, Samburu)

> *"We cannot handle everything alone. We network, refer, and follow up for feedback to ensure survivors get the help they need."* (Participant 7, FGD with Police, Bungoma)

> *"We inform NGOs about cases needing extra help, and they step in. Networking has significantly improved our work."* (Participant 7, FGD with Health, Kilifi)

As a result, professionals feel that clients and GBV survivors now get more holistic care and support when they seek service or report a case of GBV. Programme interventions have also led to improvements in the use of data for monitoring and accountability. In Bungoma, professionals spoke to the importance of having data platforms for daily reporting of GBV cases which allowed them to do better tracking and behavior change assessments.

Service accessibility and service offer: Participants feel that the programme has contributed to greater accessibility of some services. For example, counseling services have become more accessible and encouraged within professional settings, creating a supportive culture and improving how cases are handled institutionally since institutions can now offer this service to clients. Fostering collaboration within teams and across organizations, the programme has paved the way for giving greater access to finding collaborative solutions. In Bungoma, professionals in one FGD shared that they now host open days for young people where *"they share their challenges collaboratively and come up with solutions."* (Respondent 10 FGD with Health Bugoma). There are also examples of health facilities waiving the fees for GBV survivors, ensuring accessibility regardless of financial status with the justification that *"nobody prepares for GBV"* and that there is a need to *"ensure survivors get services even when they don't have money."* (Respondent 9, Bungoma).

> "*Before, I would just tell clients to go to the police, but now I know the right channels and coordinate with other departments effectively."* (Participant 9, FGD with Health, Samburu)
>
> *"Professional counseling has become more accessible in my workplace, creating an environment where people feel encouraged to seek help."* (Participant 3, FGD with Police, Kilifi)
>
> *"Now people call our office seeking counseling services because they've heard about the impact of this programme."* (Participant 5, KII with County Director Gender, Kilifi)

An increase in the number of counsellors has also enabled the possibility of offering new therapies, such as group therapies, and contributed to a greater integration of services and offering more holistic care. This is the case for example with mental health services which reportedly are now more available in general healthcare services, improving holistic support for clients.

> *"Through group therapy, young people openly share challenges, and we identify new problems like substance misuse among them."* (Participant 10, FGD with the Health officers, Bungoma)
>
> *"The programme helped me understand that mental health is a key component of a person's well-being, and now we integrate it with other services."* (Participant 11, FGD with CBOs, Kilifi)
>
> *"I've stopped calling out students publicly and instead talk to them privately to better understand and help them."* (Participant 4, FGD with Education, Kilifi)
>
> *"After creating a friendly environment in class, learners started coming to me willingly and understanding lessons better."* (Participant 11, FGD with Education, Samburu)

In several sectors there have also been initiatives to create "safe spaces" for clients/survivors since there is now a better understanding of their needs, and of ethical professional practices. A safe space can mean that service facilities have established private areas for handling survivors confidentially and respectfully during counselling sessions. In education facilities the understanding of privacy and ethical handling of cases for better outcomes has manifested in teachers creating supportive, nonjudgmental spaces where students feel safe to share their issues.

In education settings, teachers have not just understood the importance of safe spaces or private settings for dealing with cases, but they have also applied their new skills to create a safer and more friendly school environment overall, fostering a more supportive learning environment for students, and enabling trust between students and teachers.

There is also evidence of change in the way services are provided with greater emphasis on outreach and community engagement from service providers. Professionals have come together as teams to actively engage communities in addressing harmful practices such as witchcraft accusations and teenage pregnancies. Community collaboration has led to reintegration efforts, supporting girls who dropped out of school due to early pregnancies.

> *"We work closely with chiefs and peace leaders in public forums to address issues like teenage pregnancies and blackmail groups."* (Participant 8, FGD with Elders, Kilifi)

> *"In January, we're expecting some girls to return to school, even though some are already pregnant."* (Participant 3, FGD with Education, Kilifi)

> *We educate communities to respect women and men, as everyone has value in society."* (Participant 9, FGD with Elders, Kilifi)

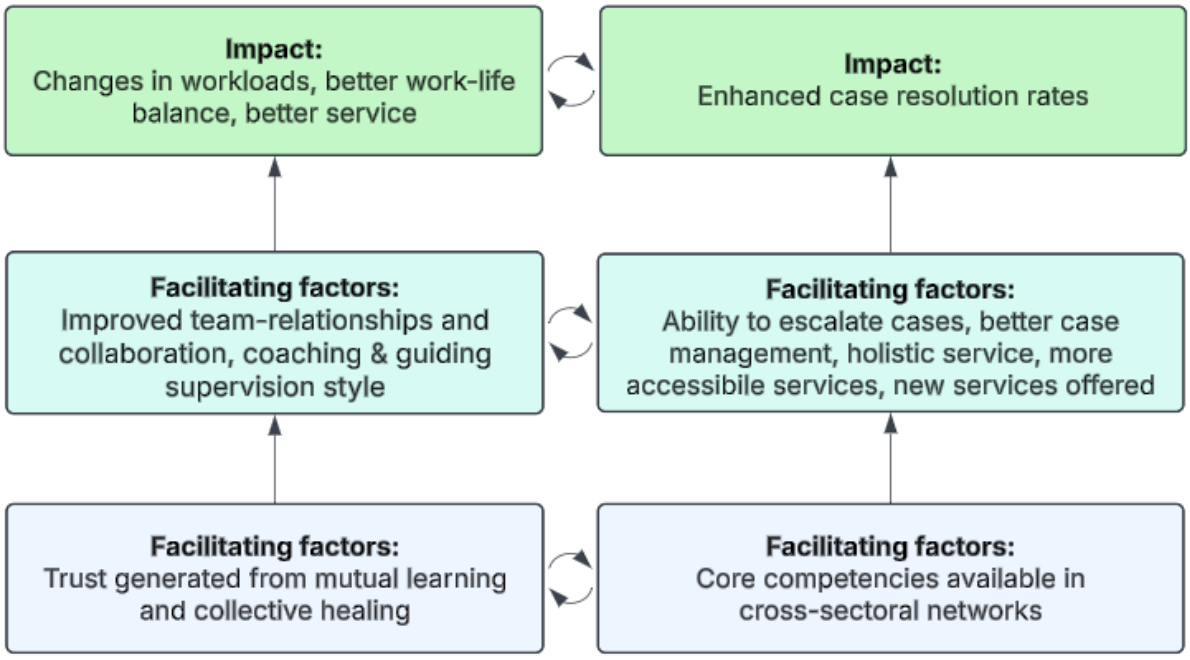
Scheduled programmes in Rabai Ward, in Kilifi county fostered teamwork and collective efforts, whereby professionals report to "*now have scheduled community programmes"* (Participant 3, Kilifi) to address issues like teenage pregnancies and family reconciliation. Such community outreach programmes have reportedly encouraged mutual respect and reduced stigma of GBV survivors. Overall, all changes in the way teams collaborate on GBV cases, in the offer of services and the way services are delivered, have enabled the provision of more long-term support to survivors, which is helping them in the healing process. Participant 11 in an FGD with mixed sectors, in Bungoma shared how the training had made him realize that *"mental health doesn't heal in one day"* and as a result of that follow-up to survivors was provided more long-term to *"ensure they (clients/survivors) are supported as they grow."*

2.3.3.3. Pathways for team/group change

Several factors appear to have been important in facilitating change at the group/team level in each sector. Firstly, the collective learning experience, which had a profound impact on people's perspectives and for some was also a collective healing experience, and secondly, the fact that this experience touched a significant number of professions, to the extent that it created a critical mass of people with core competencies has facilitated trust and created networks amongst professionals. This seems to have contributed to improved team relationships and collaboration in the workplace. Indeed, the programme reached a total of 3.051 individuals with various capacity strengthening activities, of which 2.393 individuals benefited specifically as participants in the three certified training programmes from which the sample for this study was drawn. This is a significant share of the total workforce in the multi-sectoral system that needs to respond to GBV cases.

Ultimately, this has also impacted on how cases can be escalated and how teams can collaborate and support each other in case management for GBV cases. It has strengthened information sharing and accountability and improved service provision for GBV survivors and clients. As a result, professionals highlight that they have experienced a reduction in workload, a better work-life balance and that there is an enhanced case resolution rate for GBV cases.

Figure 7 - Pathways for change at team/group level



SYSTEM CHANGE

Reflections on the many aspects of system change in an FGD with professionals from the health sector in Bungoma:

Respondent 9: "The multisectoral approach, I think, was the best choice ever made, because in the past, there was no proper coordination, and people really feared the police department. The survivors would really think twice before going to the police station, but now the police have gender desks, and they have officers who were trained and very friendly. So, survivors feel more encouraged to go and talk to the police about what they are going through"

Respondent 10: "Maybe to add on that, in an aspect: referral, it has really improved (...) so referral has really been made easy and now we are seeing cases flowing and it can be shown in data because at the end of the day, (…) there is data for the police, NGAO team, health team, so specifically we are seeing at least these channels moving in a positive trajectory."

Respondent 1: "Initially we would have a lot of kangaroo courts working a lot in the hands of the Chiefs, and some of the cases would not even get to the hospital. But for now, even the police, even the Chiefs know that if you don't take an action the CHPs will report. If the police don't, the hospital will report, so at least (…) it's like everyone knows about GBV. People know it's real, and it's not a challenge that affects one individual, everybody has to be on board. So that knowledge has allowed us to discuss GBV openly."

Respondent 9: "We also have an active Gender Sector Working Group in the County which brings together all representatives from all sub-counties, and this Gender Sector Working Group is chaired by the County Commissioner who usually has high level of representation where decisions can be made."

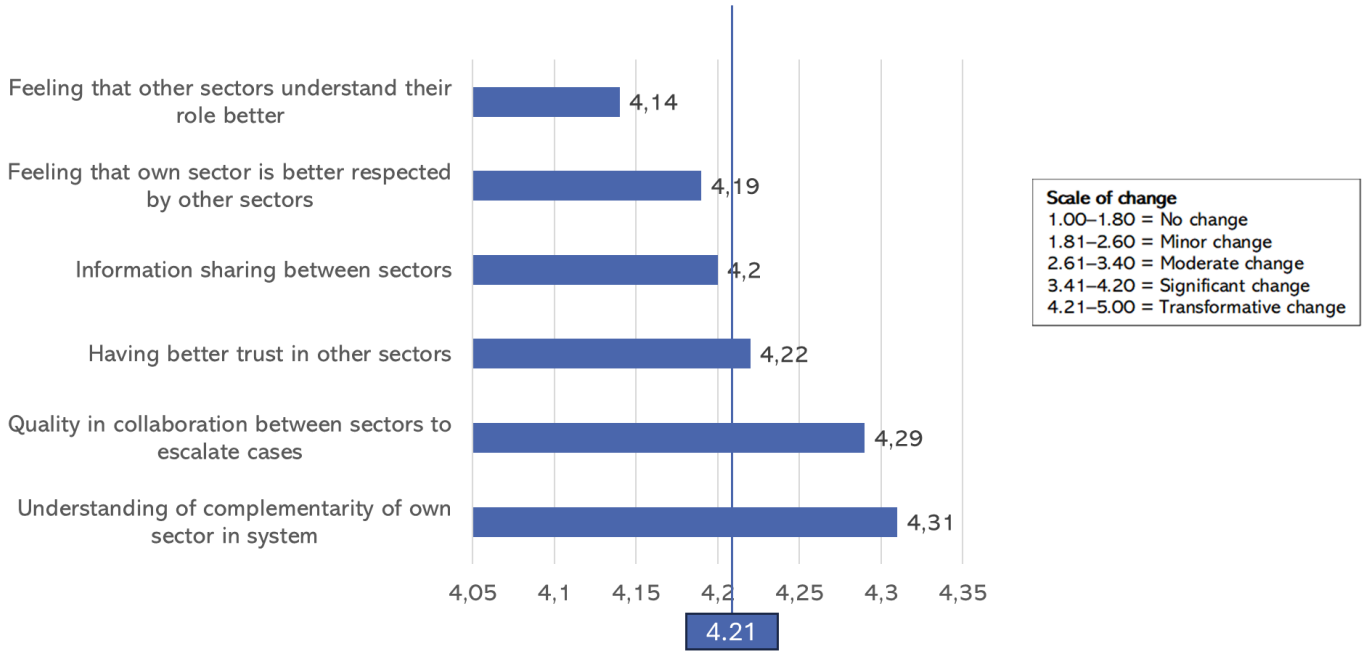
Respondent 1: "We also keep each of our leaders/ supervisors updated. You have to inform them of whatever is going on, to help ease the burden, to help with decision making because if you keep quiet, you are handling the case of a survivor, and it goes beyond what you can do. When they are not aware, then you carry the burden. So, we have to communicate `this has happened`, `we are doing this`, `tomorrow we are planning to do this`. Like that."

2.3.4. System change

2.3.4.1. Quantifiable change

The quantitative findings demonstrate that significant system change is happening because of programme interventions in all counties. The most significant change is observed in (i) the understanding of complementarity of the work sector in the system, as compared to other sectors, (ii) in the quality in collaboration between sectors to escalate cases and (iii) in the trust people have in other sectors. Across these three domains change has been "transformative". In all other areas, changes has been "significant" but not yet transformative, which is a manifestation of the fact that more work is needed in the three counties to consolidate the impact of the programme. This can be scaling the programme to more professionals, which have not yet been targeted, and covering geographic areas where the programme has not yet gone.

Figure 8 - System change all counties



2.3.4.2. Qualitative stories of change

Testimonies of system change in the way professionals collaborate across sectors on GBV cases came up both in single sector focus group discussions, where participants spontaneously referred to changes in their own sectors' collaboration with other sectors. Testimonies on system change also came up in mixed sector focus group discussions, which were specifically designed to explore this issue. In these groups participants reflected on how the programme has influenced an overall system change towards more collaboration in referrals of cases of GBV. Qualitative findings evidenced that programme participants felt that the GBV system had become more of a professional network of likeminded through the development of core system competencies, that there had been strengthened collaboration between sectors, that this had improved system-community trust, engagement and connectivity, with effects on greater trust in the system, a reduction in informal practices, such as

kangaroo courts, improved reporting and resolution of cases and greater chances of rehabilitation of survivors. These themes are explored below.

Multi-sectoral network with core competencies to handle GBV: Training across multiple sectors created a minimum level of competence and closed the knowledge gap among service providers. In Samburu, programme participants in different FGDs shared that the cross-sectoral collaboration was working because programme participants now have their contact lists of like-minded people with core competencies who have gone through the training.

"The training empowered service providers from all sectors, ensuring cases were handled by knowledgeable people." (Participant 1, FGD with Mixed Sectors, Bungoma)

"We created a contact list for all departments during the training, making it easy to coordinate and refer clients." (Participant 4, FGD with Health, Samburu)

"Through collaboration, clients who needed counseling but couldn't receive it in our office were referred to another organization and received the necessary help." (Participant 11, FGD with the CBOs, Kilifi)

"A diabetic client was able to overcome his psychological challenges because of collaboration and referrals within the team." (Participant 9, FGD with Mixed Sectors, Samburu)

Multi-sectoral collaboration: This has strengthened collaboration across sectors, encouraging teamwork between hospitals, NGOs, law enforcement, and social workers to address GBV cases holistically. Cross-sectoral teamwork and coordination with other teams in other sectors has *"improved"* and participants testify of being able to *"give survivors better support."* as a result (Respondent 1, FGD with Judicial and children offices Bungoma). A police officer in Kilifi, reflected on the fact that collaboration has made case management more effective, that *"collaboration with the hospital is seamless"* and that *"victims are examined, and forms like P3 and PRC are filled out, usually within a day."* (Participant 7, FGD with the Police Kilifi). Networking among stakeholders has improved the efficiency of handling GBV cases, ensuring timely and comprehensive interventions. As clients benefited from a unified approach, where professionals across sectors collaborated to address their needs comprehensively, there are better outcomes for the client.

"Coordination with police, social workers, and healthcare providers ensures survivors get the fastest services possible." (Participant 9, FGD with Health, Bungoma)

"Whenever a GBV case occurs, we work with stakeholders, including courts and social workers, to ensure both the perpetrator and the victim receive necessary interventions." (Participant 10, FGD with Children's Officers, Kilifi)

"Survivors no longer fear reporting cases to the police because of trained, friendly gender desk officers." (Participant 9, FGD with Police, Bungoma)

"We are working closely with CHP and now they are the first point of contact for survivors in the community." (Participant 2, FGD with the Chiefs/NGAO Bungoma)

System-community trust and engagement: As the result for an emerging network of professionals across sectors having similar core-competencies to deal with GBV-survivors and clients at risk, and as a result of team's and intersectoral collaboration on cases, there is evidence of greater trust between institutions like the police and healthcare providers since these now have more friendly, trained staff who offer client-centered services. Partnerships have been formed with government agencies and NGOs to address systemic issues like FGM and GBV. The inclusion of community health providers (CHPs), empowering them to support GBV survivors, also

made a difference in bringing services and system connections closer to communities, which strengthened trust of communities in institutions.

More reliance on formal justice, reduction in reliance on informal justice: According to participants, greater trust in institutions, service providers and professionals, has already started contributing to a reduction in reliance on informal practices like kangaroo courts. This in turn helps ensure that cases are handled professionally, that survivors get justice, and that there is less impunity for GBV.

Less reliance on informal justice and more reliance on the formal justice system serves as a deterrent in society and is likely to have a ripple effect on the numbers of cases in the future.

Rehabilitation and healing of survivors and clients: Better skills for active listening, better understanding of causes, better counselling skills, better case documentation, and better teamwork, referrals and case management, self-appointed champions amongst participants, is helping to solve cases, getting more non-custodial sentences for perpetrators and helping the healing process of survivors. Participants testify of cases where *"the counseling brought peace to the family, and the tensions between the parents were resolved."* (Participant 2, Kilifi). This "spillover" effect of how change at one level (individual-level) spills over to the next level (professional, group/team) is a tangible manifestation of transformative change, and it is leading to community impact.

Engagement with the community on FGM culminated in the signing of the declaration, which remains a great milestone." (Participant 9, FGD with the Elders, Bungoma)

"Initially, cases would end in kangaroo courts handled by chiefs, but now everyone knows proper channels for addressing GBV." (Participant 1, FGD with the Elders, Bungoma)

"Clients who have been served in our gender desk, they have sometimes been harmed by the way they were handled (…) What needs to be prosecuted needs to be prosecuted. But it is very much different (now) from the past" (Participant 2, FGD, Police, Samburu)

"Yes, there is a very big change. The indicators of that is that you had a case, and it would come back. Now the cases we address are solved. The cases are being reported. As a result of this, cases being resolved and cases being reported in my area, GBV cases are going down because of this." (Participant 1, FGD with Chiefs/NGAO, Samburu)

"There is much more non-custodial sentencing compared to prison sentences (now compared to before) because the social enquiry and social reconciliation is serving as rehabilitation process for the perpetrator and the survivor." (Participant 3, FGD with Judicial Officers, Samburu)

"FGM cases are criminal cases and before they were very rampant… FGM and defilement they never used to be reported. There is more use of the correct avenues now to bring cases for reporting and court (…) and so the cases that go through the correct procedure serve as deterrent for others." (Participant 1, FGD with the Mixed Sectors, Samburu)

"Before people (GBV survivors) didn't necessarily get service. Now survivors can get justice. Higher numbers are going through the courts, and you can even have perpetrators being put away." (Participant 2, FGD with the Mixed Sectors, Samburu)

"The code of ethics we learned ensures that sensitive cases are handled carefully, which builds confidence in the system." (Participant 11, FGD with the Police, Samburu)

Accountability and confidence in system: According to participants, enhanced ethical and confidential and client centered professional practice, as well as more seamless case management, with the effect that this has on case closures and justice for survivors, has fostered greater trust and respect in the system.

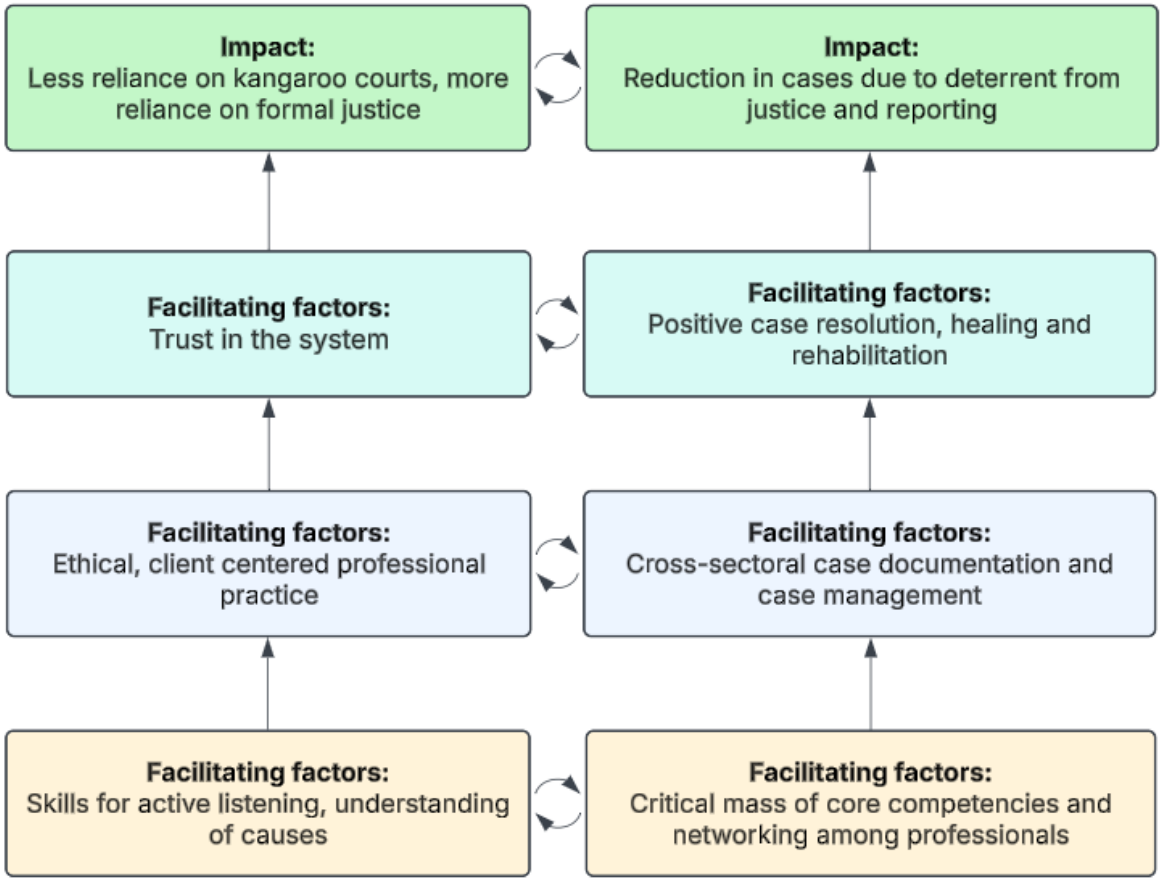
2.3.4.3. Pathways for system change

Professionals confirm that the skills, awareness and cognitive shifts to which the programme has contributed, has led to more client and survivor-centered, ethical service practices among professionals in the sectors involved in preventing and responding to GBV cases. But this alone would not have been enough to contribute to system change. The GBV system is made up of multiple sectors, including health, police, education, children's services, peace and security, justice and probation, which ideally should allow for seamless collaboration and coordination between professionals in these sectors as they handle GBV cases. The fact that the programme involved a critical mass of professionals from all of these sectors has contributed to a tangible impact on the way the system functions. A seamless cooperation and coordination between sectors require that professionals in each sector know the role of its sector and have the skills and competency to live up to that mandate. When those skills and competencies are visible to professionals in other sectors, it creates confidence in other sectors that facilitates when cases need to be referred or when there needs to be cross-sectoral collaboration to help solve a case. This in turn can improve the experiences of survivors of the GBV survivors, reduce the risk of cases dropping out, and increase the chances of constructive resolution of cases so that survivors get justice, perpetrators can acknowledge the wrongs committed, and ultimately both perpetrators and survivors can begin the process of rehabilitation and healing from past experiences.

The fact that the program engaged professionals from multiple sectors in certified training that helped to develop the same core competencies among professionals from different sectors and at different administrative levels appears to have helped to create a network of "like-minded" professionals, which fostered trust between professionals, which in turn facilitated referrals and cross-sector case management.

Both through the greater expertise of individual professionals, and the critical mass of core competencies and skills in the multi-sectoral system, case resolution rate has improved. Professionals report that both survivors and perpetrators are getting more professional and ethical service and are able to follow the pathway to recovery and rehabilitation. This builds trust in the system. The ultimate impact is less reliance on the informal justice system (kangaroo courts) and more recourse to the formal justice system. The positive trends that starts with an increase in reporting and continues with the fact that survivors are increasingly receiving justice, and perpetrators are being punished for their actions, acts as a deterrent in society, which respondents report is happening now.

Figure 9 - Pathways for change at system level



COMMUNITY CHANGE

"We here are leaders of others. We lead other Morans. We do our meetings in our village. This structure (the FGD) is not common with us. We come to town and sell goats and cows and then we go back home. When Kenya Finland programme came, we found an opportunity to come to town. Now we have even slept in town. We eat in the bushes. If it was not for this programme we would have died before we were able to come to town.

Before it was a problem of not getting food for our cows. We started buying hay for our cows from other counties. So, our first interaction with Kenya Finland programme was that they came with hay to our cows. We exchanged phone numbers, and then she (referring to a representative of the programme) came, and she brought goats and told us she would come again. Then she started telling us about FGM and beatings. The things they told us are things that are so sensitive to us that we do not even want to hear because we respect our culture.

If a girl has to undergo a cut (referring to FGM), it is a very interesting ceremony that we enjoy. As Morans, we liked it so much that if someone tells us about this ceremony we start preparing for this ceremony. So, when they told us it needs to be stopped, we were worried. But then they explained to us, and slowly we are now grasping it, and we are now becoming teachers. Now we finally came to accept it after a lot of teaching, now we have decided ourselves to be the teachers. I am called Lemein."

Moran, Participant 1 in a FGD with Morans, Samburu. Name has been changed.

2.4. MORAL DUTY BEARERS

The ultimate litmus test of the transformative change to which the programme contributed is its' effect on communities. In Bungoma and Samburu, community level action was focused on reducing harmful cultural practices such as FGM and teachings that promote violence and reinforce negative stereotypes, and child marriage. In Kilifi elders and cultural leaders and families were targeted with parenting interventions to improve family relationships and reduce IPV. In the coming section, three case studies will be presented that illustrate how far community level change has come in the three counties.

2.4.1. Ending FGM in Sabaot communities in Bungoma County

2.4.1.1. Baseline: The initial struggles and a culture of inequality and silence

Historically, FGM was deeply entrenched in the cultural fabric of Bungoma-communities, such as the Sabaot. It was seen as a rite of passage, a source of economic gain, and a marker of social status. Girls were paraded in public during ceremonies, often subjected to vulgar language and societal expectations that glorified the practice. As one respondent noted,

> *"Girls were paraded outside naked in front of everyone, including their parents, uncles, and in-laws. This practice was not questioned, as it was deemed mandatory and culturally acceptable".* (Participant 5 FGDs with Health Bungoma)

Uncircumcised women faced significant stigma, being labeled as *"unclean"* or *"children"* and denied participation in cultural rituals. This culture that perpetuated inequality, robbed girls of education, and normalized early marriages.

Complications such as excessive bleeding, fistulas, and death during childbirth were rampant but dismissed as cultural norms. Traditional cutters, often women, were celebrated for their skills and rewarded with wealth, including livestock, alcohol, and money.

> *"We used to put a lot of effort into ensuring that girls went through the circumcision process as soon as they entered adolescence,"* (Participant 7 FGDs with Elders Bungoma)

For decades, the practice continued unchecked, with little awareness of its harmful effects.

2.4.1.2. The turning point: A programme of empowerment

The introduction of the Kenya-Finland Bilateral Programme marked a pivotal moment in addressing FGM. The programme adopted a holistic approach, engaging key stakeholders such as elders, cutters, women leaders, and the church. Elders, as custodians of culture, were central to the programme's strategy to achieve transformative change. Training sessions educated them about the adverse effects of FGM and human rights violations associated with the practice. One elder remarked,

> *"We realized that FGM was against human rights and created many problems, including diseases, difficulty in childbirth, and separation in marriages".* (Participant 5 FGDs with Elder Bungoma)

Cutters, whose livelihoods depended on FGM, were also targeted. They were provided with education on the physical and psychological impacts of the practice, leading many to renounce it.

> *"After the training, I went home looking for my fellow cutters and started teaching them,"* shared one former cutter. (Participant 9 FGD mixed, Bungoma)

Testimonies from affected women and data from experts underscored the need for change. Community-wide meetings, including interactions with other anti-FGM communities like the Samburu, further reinforced the urgency of abandoning the practice.

2.4.1.3. The process of change: stories of transformation

The process of change was gradual but transformative. Cutters who once viewed FGM as their calling began to embrace new livelihoods.

> *Previously, we used to get booked to conduct FGM and move from one place to another, abandoning our house chores. Now, we stay home and focus on empowering our families,"* one former cutter explained.

For instance, some started small businesses, while others became champions for change, advocating against FGM in schools and community forums. Former practitioners reflected on their roles in perpetuating harm and sought forgiveness through church and community engagement.

Elders played a crucial role in disseminating information and guiding the community toward alternative rites of passage. By organizing ceremonies that celebrated girls' transitions to adulthood without cutting, they upheld cultural values while eliminating harmful practices.

> *"Girls are now able to graduate through alternative ceremonies, and this has inspired many parents to abandon FGM,"* noted one elder.

Stories of girls excelling in education, becoming community leaders, and supporting their families highlighted the benefits of abandoning FGM.

2.4.1.4. Breaking the silence around the effects of FGM

Radio programmes and community barazas became critical tools for breaking the silence around FGM. These platforms allowed open discussions about the practice's effects, dispelling myths and addressing questions. Survivors shared personal experiences, creating empathy and awareness among listeners. One community member shared,

> *"We went to the radio to talk about the science of FGM and the problems associated with it. People called in to ask questions, and it was very successful".*

Religious leaders reinforced these messages, framing FGM as a violation of God's creation and human dignity.

2.4.1.5. The role of community Elders and the Cutters

Elders' involvement was instrumental in shifting cultural norms. By declaring FGM a harmful practice, they legitimized the campaign against it.

> *"The council of Elders declared that FGM should end, and this was a critical moment for the community,"* an Elder explained.

Their endorsement encouraged families to protect their daughters and invest in education instead of ceremonies. Similarly, cutters, once seen as gatekeepers of tradition, became advocates for change.

> *"I decided to stop practicing after learning about the effects of FGM and now teach others about the importance of abandoning it,"* said a former cutter.

Their decision to surrender cutting tools symbolized a collective commitment to ending FGM.

2.4.1.6. A ripple effect: The broader community impact

The impact of the anti-FGM initiatives extended beyond individual families. Girls who were spared from FGM pursued education, with some advancing to university and taking on leadership roles.

> *"We are seeing our girls go to school and even build good houses for us,"* one community member shared.

Economic benefits emerged as families redirected resources previously spent on ceremonies toward development. Communities began to prioritize education, health, and women's empowerment over harmful traditions.

2.4.1.7. Sustaining progress and building resilience

To sustain progress, community members emphasized the need for continuous education, particularly in remote areas where FGM persists.

> *"We need transboundary meetings to address FGM in areas like Uganda, where the practice is still practiced."* one Elder proposed.

Proposals included establishing cultural centers to preserve positive traditions while educating the youth about harmful practices. Former cutters and elders advocated for transboundary collaborations to address cross-border FGM practices, especially in regions like Uganda where the practice remains prevalent. Economic empowerment was identified as a key factor in preventing a relapse.

> *"Teach me how to fish. Empower me with knowledge, and I will use that knowledge to generate income."* emphasized a former cutter.

By developing alternative income-generating opportunities, communities ensured that individuals who abandoned FGM did not revert due to financial pressures. Trauma healing programmes were also recommended to support cutters and survivors in their journey toward recovery.

2.4.1.8. Women as catalysts for change

Women emerged as powerful catalysts for change in the fight against FGM. From survivors sharing their stories to former cutters leading advocacy efforts, their resilience and determination reshaped societal attitudes.

> *"I have trained many women on the effects of FGM and have even gone to schools to train girls."* shared a former cutter.

By embracing education, economic independence, and leadership roles, women demonstrated the potential for communities to thrive without harmful practices. The anti-FGM initiatives not only saved lives but also fostered a culture of equality, dignity, and progress.

2.4.2. Ending FGM among the Samburu people in Samburu County

2.4.2.1. Baseline: The interplay of tradition, female subordination, FGM and multiple forms of GBV

Samburu county is home to the Samburu people, a group of indigenous people related to the Maasai tribe. Samburus are semi-nomadic pastoralists and their way of life revolves around cattle, sheep, goats and camels. The lifestyle is traditionalist, and relies a lot on old customs. Society is governed by male elders. Respect and social status is gained as you move through the social hierarchy which is organized in age-groups. For boys, the Moran phase which happens between 15 and 30, is the stage when boys are trained as warriors and to provide protection to their communities. Before

speaking in a FGD with Morans, Morans stand up in the middle of the group, holding their walking stick:

> *"Our culture is wide. An Elder can only be inherited by his sons. Because for us when a girl marries, she goes to another man's home. So, she goes. Within our areas, there are the Elders who are in charge. An Elder looks at a woman like a child."* (Moran, Participant 5 in an FGD, Samburu)

For girls, FGM is traditionally a rite of passage that marks the entry or readiness for girls to enter into married life and adulthood.

> *"You ask us, why do these things happen. Why do children marry? (…) First thing they care of (after marriage) is to organize the house and things. On FGM, why they circumcised the girls? They do this as a way of transitioning them to adulthood."* (Moran, Participant 1 in an FGD, Samburu)

Women and community members describe a pre-programme situation where women are exposed to various forms of GBV, child marriage, FGM, beatings as a normal way of life. When a man beats his wife, it's a way of showing that she is his.

Traditionally, women do not make choices for themselves and ultimately FGM is but one manifestation of the subordination of women within the prevailing culture. Traditionally, women are not allowed to inherit, they are not allowed to live independently, they cannot earn money or hunt for food, and they are not consulted about decisions that affect them. Being uncut used to be very stigmatized and children of uncut girls were considered cursed.

> *"Once small children are married (…) the Moran takes this girl to the other house. Now it is the responsibility of the mother-in-law. The Moran understands this girl is small and still immature, but this is now the responsibility of the mother-in-law. On beatings, they used to give girls beatings. When a girl is beaten, she is mine. No other Moran can sleep around her. That is the biggest problem. If a girl is not circumcised and she got boys, there is no ceremony held for the children in that house. They are cursed."* (Moran, Participant 2 in an FGD, Samburu)

In one FGD, two women, while recognizing that there has been a change in their communities towards more empowerment of women, reflected on the situation stating that the predominant belief, that is now starting to change:

> *"(Traditionally) women do not have rights over their own bodies"* (Woman survivor of FGM now championing to end FGM Participant 4, Samburu)

> *"Even in marriage (…) you are treated as an object, and you are just there to satisfy the needs of the man."* (Woman survivor of FGM now championing to end FGM Participant 5, Samburu)

The absence of rights is the same for adult women as it is for young girls:

> *"Even children do not have control or authority over decisions. If a husband wants to marry of a girl, I'm not allowed to have an opinion"* (Woman survivor of FGM now championing to end FGM, Participant 7, Samburu)

> *"Very young girls marry very old husbands. A 15-year-old girl can marry 70-80 years old man without having a choice."* (Woman survivor of FGM now championing to end FGM, Participant 8, Samburu)

2.4.2.2. Reduction in different forms of GBV

Today, community members, women and men, women champions, Clan heads and Morans, recognize that the situation is changing.

> *"Some things have changed. If you become a widow the community picks a man who will oversee you. Sometimes this is a very old man, and you cannot decide as a woman if you agree or not. This one is changing you. At least now you (as a woman) are allowed to stand by your own. FGM before was celebrated… now people are learning that it is illegal so it's being done secretly. People do not want their neighbors to know now if you are still practicing it."* (Woman survivor of FGM now championing to end FGM, Participant 1, Samburu)

Early and forced marriages have become less common, with girls having more opportunities for education and young women having more choice about marriage. People consulted also think that domestic violence has decreased, with women being more likely to report abuse now.

> *"From where I come from. Even where I come from, they have changed. What other Morans are saying it is also happening there (reduction of FGM). (…) At the moment no girls have been given it (FGM). It is coming down. Now the marriage of small girls, at the moment they discover you marry an underage kid, they arrest you. So anybody who does that, know that they will be arrested. I know many of these cases that have been arrested and taken to court."* (Moran, Participant 2 in an FGD, Samburu)

3.4.1.3 Involvement of Community Leaders, Morans and Champions

Involving men and community leaders more actively in promoting social change and advocating for women's rights was decisive. There has been a change in attitudes with more people understanding the harmful effects of traditional practices. Men are increasingly open to marrying uncut women, and community and religious leaders are advocating for women's rights. Young people are more aware of their rights and open to abandoning harmful practices and as a result, there has been a reduction in FGM. Community leaders have also made public commitments to end harmful practices.

> *"Kenya Finland approach was unique in facilitating change. The programme recognized that men are the decision makers and so they invested a lot in changing and engaging the custodians of culture. They went to get the Morans. If they say we are ready to marry an uncut girl, this is a game-changer. That male engagement has been very successful. There is still a lot of work to be done, but a lot of things have happened."* (Woman survivor of FGM now championing to end FGM, Participant 2, Samburu)

2.4.2.3. Questioning old practice

Change has come about through leaders and community members starting to question their own practices. In the beginning, people didn't want to hear about changing their practices that they saw as sacred. But through exposure to information, other cultures, leaders in the community started

questioning and understanding that FGM and GBV have negative health and other consequences for women and started seeing themselves as teachers for others who did not yet understand.

> *"They called 16 of us. They came with goats, food. Then they taught us about this. So when I get these teachings, we have gone through a lot of challenges (…) We will discover that where they cut this girl, it is just part of the body that have so many veins that are part of this part. Second problem, sometimes they cannot give birth properly. So, as Morans, we have a challenge to go and explain this to them."* (Moran, Participant 7 in an FGD, Samburu)

Leaders of the community have also started to acknowledge that not putting girls through FGM can have a positive effect on women's health, such as, for example having fewer childbirth complications.

> *"The difference between a girl who is circumcised and a girl who is not circumstanced (…). A girl who is circumcised, you can see that she is physically weak (…)"* (Clan Head 3 and member of the Supreme Council of Elders, Samburu)

> *"When we take our girls to hospitals to give birth, you can see that our girls are so weak they can hardly walk for themselves. This is different from the others."* (Clan Head 2 and member of the Supreme Council of Elders, Samburu)

Leaders in the community have also taken note that some girls who did not undergo FGM and instead completed their education and even went to Nairobi for education, came back and brought wealth to their families.

> *"We saw that some of the children who did not get circumcised, and they went to school and went away and came back and we saw the impact (…) The ones who went to school in my age group those ones are now the ones who have wealth."* (Clan Head 1 and member of the Supreme Council of Elders, Samburu)

2.4.2.4. Questioning the culture

Now community leaders have questioned their own culture that they used to cherish, and they have realized that FGM wasn't always part of the culture where they live:

> *"When the programme came, it promoted education. In Samburu it is the man who is in charge of the family. As Samburus we live in 6 mountains. We are the ones who tell them (communities) about new laws. We found two elders, very old, now they must be in their 80s, whose mothers were never circumcised (...) Earlier, the Samburu culture had no FGM… it was the issue of some men thinking their wifes were cheating and then it started from there."* (Clan Head 1 and member of the Supreme Council of Elders, Samburu)

> *"When the Kenya-Finland programme came, this is now like our eyes were opened. We were like in the darkness (…) We used to circumcise boys and girls, we despised women, we married girls early and children did not go to school (…) We learned this (FGM) from our parents and for us this was not bad."* (Clan Head 2 and member of the Supreme Council of Elders, Samburu)

Through the programme there has been exposure to other communities. Understanding that they did not practice FGM, it was an eye opener:

"We met with some other Samburu people and there was exposure trips, and we have learned from some other villages that they do not circumcise girls" (Clan Head 2 and member of the Supreme Council of Elders, Samburu)

2.4.2.5. Changing the rituals

Once transformed, community leaders led the way in allowing social rituals to change.

"Traditionally an uncut girl is not holy, she is "outcast". The elders came to that sacred ground and pronounced that girls even if they are uncut, are not outcasts and can now participate in social activities. Before there were so many sanctions if you were not cut." (Woman survivor of FGM now championing to end FGM, Participant 3, Samburu)

2.4.2.6. The beginning of the end

Participants believe this is the beginning of the end of practicing FGM amongst Samburus, because leaders of the community have decided that it needs to end, and they are using their leverage to influence others.

"We are next in line to marry. What is changing now is if we say we will marry a girl who is not cut. Why should we reject when the elders have said to stop." (Moran, Participant 5 in an FGD, Samburu)

What I am doing myself, we are waiting to become married. I declare that I will marry a girl who is not circumcised. I go around myself to tell other Morans. I can also expose those that I know to not do the circumcision. Because I know." (Moran, Participant 1 in an FGD, Samburu)

"I have seen the circumcision. I have not seen any benefits. What I will tell them, I will tell my people to stop. These people (from the programme) that I know, they will not circumcise the girls. They are way ahead of us. We are so cultural. We shall stop ourselves." (Moran, Participant 2 in an FGD, Samburu)

… and when Morans say they will marry uncut girls, this makes the big difference.

"Now girls can say that they will not be cut, and they can still get married within this community. With the male engagement (of Morans) this helped because girls can now find husbands." (Woman survivor of FGM now championing to end FGM, Participant 1, Samburu)

2.4.2.7. Ending FGM goes hand-in-hand with empowerment of women

The work to end FGM in Samburu County has had several other effects too, which includes a greater empowerment of women and girls. The Female Champions are themselves a testament of a growing self-confidence of women and survivors of GBV who come out and tell their stories, advocating for their rights. Reflecting on the programme activities, one Female Champion shares that the trainings provided by the programme *"has given women a platform and capacity"* (Woman survivor of FGM now championing to end FGM, Participant 2, Samburu). This has also led to a greater economic independence for some women, and support networks.

"Women are learning from each other, improving the quality of life for women. We have also received training on how we can fight poverty and have a business. Many women didn't have access to capital but there has been financial training of women too. This has built our capacity, and we demonstrate how life can be better. Men have been trained and are admiring the life of an uncut woman. Before we would not sing an anti-FGM song in the community. Now we perform these songs" (Woman survivor of FGM now championing to end FGM, Participant 6, Samburu)

2.4.2.8. Sustaining and scaling the change

However, as much as people are recognizing the changes that are happening around them, community members and cultural leaders also shared that while in some areas FGM has been almost completely abandoned as a practice, it is not fully eliminated everywhere and there is now a greater tendency to that families perform the ritual in secret.

> *"Samburu county is big. Where we have been talking about it, those ones will not go back. But most of the focus is around here. There are those ones (communities that were not covered by this programme) that we are not sure of.* (Clan Head 1 and member of the Supreme Council of Elders, Samburu)

Clan heads reflect on the empowerment of women in their communities that has gone hand-in hand with the fights to end FGM:

"When it comes to women's issues, they are now empowered. They are treated equally… Because we were taught by the Kenya Finland to not deprive them. We have learned many things. Women are now allowed to go and do their business. Before it was only men who can look for food. Now you will be surprised they (women) come back with more meat." (Clan Head 4)

"We now sit and talk to the women. We involve them in decisions The women are involved in making the decisions. Before they decided nothing." (Clan Head 5)

"The wife will say, 'sell that cow that doesn't give much milk' … (Clan Head 6)

"At the moment our children and our girls can also get money. Now we all get involved in which cows should be sold… We are doing it slowly." (Clan Head 7)

FGD with Supreme Council of Elders, Samburu

While community leaders feel empowered to continue advocate for the change themselves, there is still a feeling that it would be helpful that the Government of Kenya continues the community engagement in Samburu to make sure that those who have not been reached, are also reached.

> *"I come from a place very far myself. We had not heard about this (ending FGM) for a very long time. The government has not come there so this (FGM) is still going on there and girls are circumcised in the morning and in the day. Things have not changed there. They just bring the circumciser there and they do it openly. The problem with us is the issue with culture. We heard that circumcision is becoming illegal. We heard about it, and we know it is wrong (…) So, when we go back we will try to convince them about this but Elders will have so many questions (...) There are sensitive cultural issues over there and they will ask you questions that you can hardly answer. So, we need help to approach them and make them understand. They just know that the government does not want this. This is something that is coming out from the heart of the Samburu culture. We will try our best ourselves*

but a boy who owns a girl who is not circumcised has no respect." (Moran, Participant 5 in an FGD, Samburu)

A visit to Logorate village, Samburu

Logorate village is a remote settlement in Samburu County, characterized by its arid terrain and traditional Samburu manyattas. The village relies heavily on pastoralism, with cattle and goats as the primary source of income and food. Basic infrastructure is minimal, with no immediate access to schools, health facilities, or reliable water sources. The nearest services are located several kilometres away, making accessibility a significant challenge. The socio-economic status of the community is low, with poverty evident in the limited resources and reliance on cultural practices for economic and social sustenance. The community is closely knit, with decision-making rooted in age-set systems and guided by elders.

Community Behaviour and Interactions: Previously, community members were deeply rooted in their traditions, with cultural practices governing most aspects of daily life. Discussions about FGM or GBV were often met with discomfort, as these topics remained sensitive and tied to long-standing beliefs. However, there are signs of transformative change, with most of the community, as represented by the men, women and community leadership showing openness to alternative views introduced by the programme. Men used to be the dominant decision-makers in public and household matters, but there has been growing visibility of women participating in community meetings, a shift attributed to recent awareness campaigns.

Changes and Signs of Programme Impact: FGD participants acknowledged learning about the harmful effects of FGM through workshops, community dialogues, and visual materials such as videos. These efforts sparked discussions about alternative rites of passage and fostered gradual acceptance of uncircumcised women as marriageable and valued community members. The programme's introduction of structured dialogues among men has been particularly impactful.

Challenges and Risks: Community members in Logorate Village note insecurity as a primary threat to sustainability of attitudes beliefs and practices that condone FGM. The area has in the past experienced how frequent conflicts disrupt community life, creating an unstable environment that makes it difficult to maintain education and awareness efforts. These security challenges divert attention and resources from the initiatives aimed at eradicating harmful cultural practices. Additionally, the nomadic lifestyle of the Samburu people presents unique challenges. As community members move to new areas, they may encounter individuals not exposed to the education and advocacy efforts provided by the Kenya-Finland programme. This mobility increases the risk of reverting to harmful practices, especially in regions where FGM is still widely accepted. When community members from Logorate need to integrate new communities where FGM is still predominantly practiced, community members note that individuals may face societal pressure to conform to the practices of their new environment.

Community Sentiments and Feedback: Despite this risk, for now, the mood in Logorate Village is clear and cohesive, with a strong sense of hope resonating across all age groups. The majority of community members view education as a critical pathway to better opportunities and improved livelihoods. This optimism reflects the gradual shift in perspectives brought about by the Kenya-Finland programme, as community members increasingly recognize the value of learning and its potential to break cycles of poverty and harmful practices. The unified outlook underscores the community's readiness to embrace change while striving for a brighter future. A mother who had been forced to undergo FGM, shared, *"I don't want my daughter to go through what I did. This programme has shown us a different way."*

2.4.3. Strengthening parenting practices and reducing GBV in Kilifi County

Parenting training has emerged as a transformative intervention in Kilifi communities, addressing entrenched cultural practices that perpetuate GBV and inequitable family dynamics. The parenting training programme, implemented as part of the broader Kenya-Finaland programme, not only reshaped personal attitudes but also fostered familial harmony, community resilience, professional growth, and systemic change. This case study highlights these transformative effects through narratives, drawing on real-life experiences shared by participants.

2.4.3.1. Baseline: Harmful cultural practices and GBV

When the Kenya-Finalnd programme began its activities in Kilifi, the community was marked by widespread harmful cultural practices. Fathers and mothers, deeply entrenched in patriarchal norms, described a lack of awareness of their roles in nurturing equitable and loving relationships within their families. Participant 5 recalled,

> *"I used to leave the house without providing for my family, expecting everything to be ready upon my return. If it wasn't, I would argue with my wife, blaming her for every shortfall. My children feared me and avoided any interaction."* (Participant 5 FGDs with Fathers Kilifi)

Domestic violence and emotional neglect were common. For instance, Participant 9 revealed that disputes between spouses often escalated into physical altercations in front of their children. A notable example was shared by Participant 3, who admitted that prior to the training, he had imposed unfair workloads on his daughters while exempting his sons, believing it was a father's duty to raise 'strong boys.' The community also grappled with normalized GBV. Cases of early pregnancies from events like "disko matanga" were frequent, where young girls, lured by music and peer pressure, found themselves exposed to sexual predators. One father painfully recalled his daughter's ordeal, describing the stigma and helplessness he felt when societal norms dictated silence over seeking justice.

2.4.3.2. Understanding GBV: Cultural beliefs sustaining harmful practices

The root causes of these practices were deeply cultural. Participant 8 narrated:

> *"As men, we grew up learning that showing emotions or engaging in household chores made you less of a man. These teachings shaped how we treated our families, often with neglect or abuse."* (Participant 8 FGDs with Fathers Kilifi)

Religious and traditional beliefs also played a significant role. For example, many men justified spousal abuse as a means of asserting authority, a sentiment reflected in Participant 4's admission:

> *"I thought hitting my wife was discipline. I believed it was my role as the head of the household to enforce order, even if it meant using violence."* (Participant 4 FGDs with Fathers Kilifi)

Economic struggles compounded the situation. Mothers shared how poverty forced them to accept early marriages for their daughters, viewing them as financial burdens. Participant 7's story highlighted this dynamic:

> *"When my daughter became pregnant at 15, my husband blamed her and refused to take responsibility. The training taught us to support her instead of abandoning her, helping her finish school and care for her child."* (Participant 7 FGDs with Mothers Kilifi)

2.4.3.3. Personal transformations

For many participants, the parenting training marked a profound personal awakening. Participant 6, a father who previously distanced himself emotionally from his children, shared a heartfelt story of change:

> *"Before the training, I would scold my kids from afar. They were terrified of me, even avoiding being in the same room. But after learning about non-violent communication, I started sitting with them, listening to their stories and guiding them with patience. Now, my youngest calls me his 'best friend.'"* (Participant 6 FGDs with Fathers Kilifi)

Mothers also experienced significant growth. Participant 2 described how she shifted from a combative relationship with her husband to one of mutual respect:

> *"I used to retaliate whenever he raised his voice. After the training, I learned to calm down and approach conflicts with understanding. He noticed the change in me and started mirroring my behavior. We now resolve disagreements peacefully."* (Participant 2 FGDs with Mothers Kilifi)

2.4.3.4. Family reconciliation and harmony

The training fostered a renewed sense of harmony within families. Participant 5, who once ignored his wife's contributions, shared an inspiring story:

> *"After the training, I realized how much I had taken her efforts for granted. One evening, I surprised her by preparing dinner while she rested. She cried tears of joy, saying she never thought she'd see the day I'd help with housework. Now, we share responsibilities, and our home is more peaceful."* (Participant 5 FGDs with Fathers Kilifi)

Children, too, benefitted from the changed dynamics. Participant 9 recalled how he transitioned from disciplining his children harshly to guiding them with love:

> *"I used to yell at them for every mistake, but now I kneel to their level and explain why their actions are wrong. They no longer fear me but look up to me as a mentor."* (Participant 9 FGDs with Fathers Kilifi)

2.4.3.5. Community and group impact

At the community level, the programme's ripple effects became evident. Participant 11, a community leader, shared how he became an advocate for GBV survivors:

> *"A woman came to me after her husband assaulted her. Using what I learned, I guided her to seek medical help and file a report with the authorities. Her courage inspired others to speak out, and now our community holds monthly discussions on GBV prevention."* (Participant 11 FGDs with elders Kilifi)

Fathers who participated in the training began mentoring others. Participant 8 described how he organized workshops for younger men, teaching them the value of shared household duties and respectful relationships.

> *"It was fulfilling to see young men embrace these values, breaking the cycle of harmful traditions."* (Participant 8 FGD, with Fathers Kilifi)

2.4.3.6. Professional growth and economic stability

The training also catalyzed professional growth and financial stability. Participant 4, who previously struggled to manage his income, shared how budgeting skills transformed his family's financial health:

> *"I used to spend money recklessly, leaving nothing for emergencies. Now, I plan our expenses with my wife, ensuring our children's school fees are paid on time. This has brought us closer and given our family a sense of security."* (Participant 4 FGD with Fathers Kilifi)

Mothers echoed similar sentiments, with Participant 7 emphasizing how they learned to cultivate small gardens for nutritious food:

> *"I no longer buy expensive vegetables from the market. Instead, we grow our own, saving money and teaching our children the importance of self-reliance."* (Participant 7 FGDs with Mothers Kilifi)

2.4.3.7. Sustaining change and overcoming remaining challenges

Despite the significant progress, participants acknowledged the potential risks of regression. Participant 12 highlighted the lingering influence of untrained community members who resisted change:

> *"Some men still refuse to participate in household chores, mocking those of us who do. But we remain patient, using our actions to show the benefits of collaboration."* (Participant 7 FGDs with Mothers Kilifi)

The community collectively advocated for continuous training programmes to reinforce the lessons learned. Participant 5 suggested expanding the programme to include schools:

> *"Educating children early on can ensure the next generation grows up with healthier values, preventing the mistakes we made."* (Participant 5 FGDs with Fathers Kilifi)

2.4.3.8. Consolidation of behavioral changes

Importance of continuous learning: The programme's success hinged on continuous learning facilitated through follow-up sessions and community discussions. These sessions acted as refreshers for participants, ensuring they retained the skills and knowledge gained during the training. Participant 6, for instance, shared how regular community discussions reinforced his commitment to better parenting:

> *"After the training, I thought I had learned everything, but during follow-up meetings, I realized how easy it was to slip back into old habits. The sessions reminded us of our responsibilities and gave us new strategies to address challenges. One session focused on listening to our children, this small change made a huge difference in how my children communicated with me."* (Participant 6 FGD with Fathers Kilifi)

Community discussions created a safe space for families to share their progress, challenges, and solutions. Participant 11 narrated how the collective learning experience strengthened the programme's impact:

> *"We used to feel isolated in our struggles, but hearing others share their experiences made us realize we were not alone. We exchanged ideas and supported one another, creating a network of accountability. These discussions helped us see that change is a continuous journey, not a one-time event."* (Participants 11 FGD with CBO, Kilifi)

Importance of role modeling: Role modeling has become a powerful tool in consolidating behavioral changes. Trained individuals began setting examples in their homes and communities, showcasing the tangible benefits of non-violent parenting and equitable family dynamics. Participant 8 described how his transformation inspired others:

> *"My neighbors often teased me when they saw me fetching water or cooking for my family, calling it 'women's work.' But when they noticed the happiness in my home and how my children flourished, they started asking questions. I explained the training and how it changed my life. Now, two of them have joined similar programmes, and our village is slowly embracing these new norms."* (Participant 8 FGD with Fathers Kilifi)

Women as role models within their communities: Participant 2 shared her story of mentoring other mothers who struggled with abusive spouses:

> *"I used to suffer in silence, but after the training, I learned to speak up and set boundaries. My transformation caught the attention of other women, who asked me how I managed to turn my life around. I began organizing small group discussions where we shared our struggles and encouraged each other. Over time, more women found the courage to stand up for themselves and seek help."* (Participants 2 FGDs with Health Kilifi)

Policy Advocacy: Trained participants extended their impact by pushing for stronger enforcement of laws protecting children and women. They worked closely with local authorities, ensuring cases of GBV were addressed effectively. Participant 9, a committee member at a local school, shared his advocacy efforts:

> *"When a young girl in our community became pregnant due to sexual abuse, I worked with her family to file a police report and ensure she received medical care. Before the training, this case might have been ignored, but now we know our rights and how to demand justice. This incident sparked a conversation about creating safer spaces for children, and our village has since adopted stricter measures to prevent similar cases."* (Participant 9, FGD with Health Sector, Kilifi)

Participants also collaborated with local leaders to address challenges with some cultural practices. Participant 5 narrated their success in lobbying for a ban on "disko matanga":

> *"These events were ruining our youth, leading to early pregnancies and violence. We presented our concerns to the chief, armed with knowledge from the training. Together, we enforced regulations that significantly reduced these harmful gatherings. This was a victory for our community."* (Participant 5, FGD with Chiefs/NGAO Kilifi)

2.4.3.9. Risk of regression and recommendations

Cultural Resistance: Despite the progress, deeply entrenched beliefs continued to pose challenges. Participant 7 expressed frustration over resistance from some men who refused to embrace equitable parenting practices:

> *"Some fathers still see helping with household chores as beneath them. They ridicule those of us who do, calling us weak. This resistance shows how much work remains to change mindsets fully."* (Participant 7, FGDs with Mothers Kilifi)

Participant 10 highlighted another concern: the normalization of violence in families not reached by the programme:

> *"Families who didn't attend the training often continue with old habits. Without broader outreach, these harmful practices will persist, threatening the gains we've made."* (Participant 10 FGDs with Fathers Kilifi)

Economic Pressures: Poverty also emerged as a significant barrier. Participant 3 shared how financial struggles sometimes forced families to revert to harmful practices:

> *"When resources are scarce, it's easy to blame one another. Some fathers go back to drinking or neglecting their families, while mothers become overwhelmed with stress. This cycle makes it hard to maintain the changes we've worked so hard to achieve".* (Participants 3, FGD with Mixed Sectors, Kilifi)

DISCUSSION:

WHAT IS TRANSFORMATIVE CHANGE…?

"There have been a lot of changes (…) I just put two cases on the wall and pap they were solved. So that is transformation. Like you would have a case and it's on your desk and you don't know where to refer. But through this programme, we have been able to interlink, interconnect and we are more of a family and we are here to address anything that makes our community better. Like we are here to address any challenge that comes, so that we improve our community and make it better. I have also experienced transformative change in my life. In a way that I am calmer, I understand myself better, and I also know how to address people around me. I respect boundaries, and I can be able to say no without it feeling guilty."

Participant 8, Mixed sector FGD, Bungoma

3. DISCUSSION

3.1. What is transformative change?

3.1.1. Transformative change manifests as deep impact

The theory defines transformative change as change that enables a significant evolution in terms of scope, such as through scaling up or replication. When asked about their own definition of transformative change and whether they feel the programme has contributed to change at that level, participants, be that legal or moral duty bearers, share a similar understanding of the concept of transformative change. Often, they refer transformative change to the way it manifests as "deep impact" or a "profound shift" in people's thinking, not only stopping at changes in behaviors, but shifting behaviors as a result of changes in their value, belief systems and culture.

> *"Transformation is to "trans", and then "form", so it is actually the change of state (…) It has to be changed fully. You "transfer" and then you "form afresh", so it is basically a change that is supposed to be taken from one state to another state".* (Respondent 1, FGD with Mixed sectors Bungoma)

The testimonies from the FGDs, and the quantitative data confirmed that deep impact and a profound shift because of changes in belief systems and values (transformative change) has taken place in all counties and across different levels:

3.1.1.1. Deep impact at individual level

Individuals are reporting shifts in perspectives that have enabled improved self-awareness, better emotional control, and enhanced communication skills, transforming individuals to being different people now that before, and this as a result of the programme.

> *"I think transformative change means looking at things from a completely different perspective. This programme helped me understand GBV from a new angle. It has definitely transformed how I approach survivors."* (Participant 1, FGD with CBOs, Kilifi)

3.1.1.2. Deep impact at professional level

Shifts in perspective are enabling professionals to handle cases with more empathy and providing higher quality services. This includes a better understanding of counseling and more ethical behavior.

> *"It is transformative because to me, personally, people are looking for me, seeking counselling services. So, I can say it's transformative cause they have seen a change.* (Respondent 1, FGD with Police, Bungoma)

> *"For me, transformative change means seeing the impact we can have on survivors. We now empower them instead of just focusing on punishment for the perpetrators. Yes, the programme has contributed to this transformation"* (Participant 3, FGD with CBOs, Kilifi)

3.1.1.3. Deep impact at team and system level

The programme contributed to a deep impact for individuals, professionals, intersectoral work, with evidence of changes in systemic culture whereby legal duty bearers recognize GBV and different forms of GBV as a problem, while before it was not seen as such.

> *"Before the training nobody wanted to hear about GBV…If you went to chiefs or police, they would take one side or they brushed it off. This has changed. As a GBV survivor, if I go to the police station, someone will listen to you. There is a place where survivors can express themselves."* (Participant 1, FGD with Police, Samburu)

That shift in beliefs within the system itself is changing how cases are handled, leading to cases being survivor centered, moving more swiftly in the system, there being less impunity and more cases being successfully closed with survivors experiencing healing and perpetrators being rehabilitated.

> *"Cases of offending has gone down"* (Participant, FGD with Judicial Officers, Samburu)

> *"First of all, we can quantify the change in terms of the data that comes from the communities. We compare the GBV data before the programme came in, and now, we can see a very positive change where the numbers have gone down, and two the number of reported cases has increased. We can also measure the change that has occurred in terms of the behavior (...) The community can come out and talk openly about GBV (…) The communities have even male champions who can come out and say we don't encourage issues of GBV (…) our leaders can come out and speak openly about GBV."* (Respondent 9, FGD with Health, Bungoma)

3.1.1.4. Deep impact at community level

Transformative change through the lens of deep impact and profound shifts, are also confirmed at community level through a denouncing of FGM, whereby individuals are making a conscious decision not to perpetuate FGM and also agree that it is possible to marry an uncut girl.

> *"Seeing the effects of FGM and hearing the stories has changed people's minds. Now, some men are even willing to marry women who aren't circumcised."* (Respondent 5, FGD with Community men, Samburu)

Community members, leaders and change agents now see FGM and early marriage for the damaging practices that they are and have changed their understanding and belief systems based on that:

> *"Now, people are talking about how harmful these practices are. The churches have been very involved in spreading this message. They've helped us change our teachings and think differently about these practices."* (Respondent 4, FGD with Community men, Samburu)

Participants testify of a reduction in teenage pregnancies, FGM and other GBV cases as a result of addressing root causes and encouraging education and community involvement.

> *"There has been a significant reduction in teenage pregnancies since the programme started."* (Participant 3, FGDs with CBOs, Kilifi)

Community-wide advocacy and collaboration is also felt to have contributed to a reduction in teenage pregnancies and the stigma surrounding GBV survivors.

"We now have community programmes, and girls who dropped out of school are returning, even if they are already pregnant." (Participant 3, FGDs with Chiefs, Kilifi)

"Cases like FGM and early marriage (…) the programme has reached out to many communities, as much as they have trained us and people are now aware, and it has reduced the number of FGM cases. There has been significant impact on some types of cases." (Participant 4 FGDs with Police, Samburu)

As a result of counseling programmes that emphasized co-parenting and reconciliation, promoting systemic change in addressing family dynamics, participants express that families who receive services from trained professionals, are becoming healthier families.

"Through the programme's counseling sessions, we've helped parents reconcile and work together for their children's well-being." (Participant 4, FGDs with Fathers, Kilifi)

3.1.2. Transformative change manifests through catalytic mechanisms and spin-offs

The theory defines transformative change as change that enables a faster and/or a significant shift from one state to another; has a catalytic effect and includes mechanisms to ensure the sustainability of the impacts, local ownership and political will, allowing for systematic learning processes. The study evidenced different types of spin-offs or catalytic mechanisms.

3.1.2.1. Catalytic mechanisms: self-appointed teachers and change agents

The study evidenced that as a result of changes in belief systems, people are creating catalytic effects through their own actions. The deep impact the programme had on individuals, professionals, teams, members of a system and community members, has stimulated them to take change in their own hands and spread what they learned to others:

" Whenever a client sees an officer, there were those colleagues who can speak in a very funny way. I found myself after this training that I can even speak to them on a personal level and I show them the essence of showing hospitality to this client, how you can empathize with them. I can even now take one of my colleagues and advise them. They are really picking up" (Participant 1, FGD with Police and Security officers, Samburu)

Self-appointed teachers and change agents are also present amongst community members and moral duty bearers who are now promoting new values, belief systems and behaviors to others, who were not the immediate target of the programme:

"When we went to Bungoma and we met with the elders from that area, they were doing the same thing (FGM). We talked. We exchanged ideas and us, we become teachers to them because we were the ones to walk ahead (to decide first to stop FGM). So, they come to visit us (…) When they heard us, we are now their professors." (Clan Head 1 and member of the Supreme Council of Elders, Samburu)

"I can also say that I am proud of the change I have made, and I am determined to help others as well. I have trained many women on the effects of FGM and have even gone to schools to train girls. They are often shocked to learn that I am against FGM, especially since I was once a known cutter. However, I am able to share the

positive effects of not going through FGM, including the fact that they will be able to enjoy marriage. I emphasize that they should not go through what we have endured." (Participant 8, FGD with Cutters, Bungoma)

Consequently, communities are adopting new ways of doing things, replacing old practices with new practices, such as stopping FGM and early marriage, stopping beatings as a way of disciplining women, with communities recognizing their negative impact on women and girls.

3.1.2.2. Spinn-off effects in other areas

The transformative change is also manifested in how the changes produced by the programme, e.g. reduction in FGM, wife-beatings and early marriages, have had positive spin-off effects in other areas, such as contributing to the empowerment of women, increasing participation of women in decision making, leading to changes in gender roles and power balances in families. Those who have transformed, experience a redefinition of relationships and power relations between men and women, and between parents and their children, between teachers and their students, counsellors and their clients.

Participants in the FGDs, be that with moral or legal duty bearers, shared many stories about the changes they have experienced as individuals, professionals, teams, members of the GBV systems, and communities has led to healthier lifestyles, healthier and happier relationships with family members, colleagues, and as a consequence of this that they live happier lives.

"Now, there are significant changes happening. Even if you don't have money to take your children to the hospital, you find a way. Nowadays, mothers have become more resourceful. For example, by raising chickens, they can sell them and use the money to send their children to school. Children are learning now. Before, you'd see a child wearing torn uniforms with no shoes, but now they look very smart. Some children are even in private schools now. Honestly, these teachings have transformed us. In the past, we relied solely on our husbands. If they decided not to bring food, we'd go to bed hungry, saying "inshallah." But now, if you don't bring soap money, you'll find that clothes are still washed. If you don't bring food money, you'll find that everyone has eaten. Women are engaging in small businesses." (Participant 8, FGD with mothers, Kilifi)

3.1.3. Transformative change manifests as a process

Transformative change, however, is not equaled with complete change, at least not if one refers to the community and society as a whole. Participants in this study placed emphasis on transformative change being a gradual process that is not necessarily a quick process.

"Change is a process. It is not attained within a short period. Slowly, slowly until you achieve your goal." (Respondent 1, FGD with Health, Bungoma)

"Change is a process there is that gradual change, then radical change. Then we have now when someone has been transformed. It means the change is now successful. (Respondent 5, FGD with Health, Bungoma)

3.1.3.1. The individual process is complete

The transformative change that participants describe is complete, and irrevocable is the changes they have experienced as individuals in their private and professional lives. They also see the change as

complete and irrevocable when they refer to the group of like-minded people who have transformed, like them.

> *"The change has been profound and there is no going back for them who have gone through this… We are positive that the change that has happened in FGM, will not back track"* (Respondent 5, FGD with Education, Samburu)

3.1.3.2. The societal and system process is still ongoing

But in society at large and in the broader system, change is not complete and is described as an ongoing process that needs to be mediated over time within the context that is shaped by a number of factors that are beyond their control as individuals and as individual professionals. Professional transfers, career moves, and other factors determine stability of systems and also power relationships at the workplace. These factors can either help sustain or backtrack the change achieved by the programme.

> *"Change is not immediate, so I don't think we will see its effects now (…) But what I can say is that we have ranks, and everyone will make changes at their level in the near future (…) where I work we had issues and some of our colleagues had problems and we suggested that they be assisted to get help, like link them to rehabilitation. And when the case went to our bosses, they said they will not be part of that. They did not do the training. You find they don't want to dig deep to the root cause. They don't want to understand. They just want results (…) But in the next future, we get to that rank, and we can be able to assist better, so change will come but later.* (Participant 2, FGD with Police, Bungoma)

At community level, peace, harmony and absence of natural disasters, such as drought, are factors that determine community stability, and community stability is important to sustain the change that has happened at community level. Especially in Samburu, that is home to semi-nomadic people who move around and may find themselves in new community environments that are not yet transformed in their beliefs emphasized the need to involve other communities in Samburu that have not yet been reached. Community members recognize that if they would be forced to move, for example due to the security situation, and they would need to integrate another community where FGM has not renounced, they may be forced to go back to old practices in order to blend in.

> *"If that (nomadic lifestyle) is the tradition of life, to move, I can move anywhere, I have no option, I just have to go with (do like) those who are there (the people in the new community).* (Participant 7, FGD with Community men, Samburu)

Therefore, there is a firm belief amongst many of the participants that the change that has been achieved so far, needs to be nurtured by the Government of Kenya, to be sustained.

3.2. What can create transformative change in GBV programming?

3.2.1. Transformative learning

The study confirms the Transformative Learning Theory in that the programme participants transformed and experienced deep impact, as a result of the cognitive and emotional processes that the programme helped them go through. This process was the pathway for change. Across FGDs, participants emphasized again and again different aspects of the training that were transformative for them. In the counselling and psychology training the individual therapy sessions, which led to self-awareness or the active listening skills facilitated participants to go through a cognitive and

emotional process that was so profound that it changed their approach due to the fact that they completely changed as persons.

> *"Before the training I had my approach to doing things. The training withdrew the approach I had before I am now an active listener. I learned some skills and now I am a different person. I realized that a person who comes for help always has a solution. She comes with the solution, and I do not need to deliver a solution to her."* (Participant 3, FGD with Chiefs/NGAO, Samburu)

Similarly, in the alcohol and substance abuse training it was often the understanding of root causes to these problems that served as an eye opener to the extent that it shifted people's perspectives on people who have this problem, and as a result they changed their approach and even who they feel they are today, as a result.

> "I was among the students of drug and alcohol abuse training. To be sincere the course has really changed my dimension, my ideal, attitude and behavior as far as relating with people is concerned. Initially when I used to see a drunkard man, I used to see that person as an unholy person. But I realized that these people, we can easily change them, and I am now on a mission to try and change them. Secondly, it has really improved me especially in dealing with chamas. Most chama people they don't know their value. But through this training I am able to understand somebody's problem, and also help him to develop his own solutions which are positive to the community." (Participant 5, FGD with CBOs, Bungoma)

Across FGDs, participants also testify to the fact that individual change, was a pathway to professional change, changes in relationships with clients, with colleagues, with professionals in other sectors. It is also important to note that the implementation of standardized certified training to a large number of individuals in the system and across sectors facilitated a collective experience that created trust between professionals and sectors, created networks and bonds between people and this was a pathway for system change.

3.2.2. Interventions across the socio-ecological system

The Kenya-Finland programme's TOC describes a causal logic whereby the improved capacity of duty bearers within the different layers of the socio-ecological system, were thought to be needed to strengthen the GBV-system and ultimately to contribute to a reduction in GBV and other harmful practices. The study findings confirm this TOC as valid. At the community level, cultural norms that perpetuate harmful practices like child marriage and female genital mutilation (FGM) have changed as a result of this programme and that change is attributed to a number of the individual interventions of the programmes and the way the programme engaged with duty bearers and rights holders across the socio-ecological framework. The quotes below illustrate.

> *"Men dictating everything is not there anymore. Now the family talks. It used to be the man alone (…) The Kenya Finland programme deals with everybody. They deal with us, they deal with the Morans, they deal with the women they deal with the girls… They deal with everybody.* (Clan Head 2, FGD with members of the Supreme Council of Elders, Samburu)

By addressing both ecological and transformative learning dimensions, the Kenya-Finland Bilateral Programme is thought to have fostered systemic shifts through behavioral transformation, and that

certain activities that helped programme participants go through a process that facilitated a profound shift in perspective, facilitated change and is contributing to the long-term reduction of GBV in Kenya.

CONCLUSION: WHAT WAS DIFFERENT

"Other programmes, the Morans never wanted to be involved. So, one day we held a meeting between us. A programme that comes a looks for us… we ask what they want from us? So, when they told us they are talking about FGM, marriage of minors and HIV business, we ran away and we took away our cows and we didn't want to listen. This is attacking our culture. It is like the same programme came back to us. When they came they are not only interested in FGM, but they also want to listen to our problems. Then we listen to them. They told us the bad things about FGM. We knew about the difficulty in giving birth. So, we came to discover that what they are telling us is basically true. We attended many trainings and we were still not accepting it until we were accepting it. Now we are here in town. So, we told everybody that this is the truth. There was not a programme before that really came to talk to us, the Morans. This is the only programme. So, we changed our mindsets from thinking that they really want to destroy our culture to thinking that they are telling us good things. This is why we sing about this… Before they talked to the women, they talked to the girls, and they talked to the elders, but they really didn't talk to us."

(Moran, Participant 4 in a FGD with Morans, Samburu)

4. CONCLUSION

This study was conducted to investigate transformative change as a result of the intervention through the Kenya-Finland programme. The findings across counties highlight significant and transformative change across multiple levels in Bungoma, Kilifi, and Samburu counties. This change is evident in individuals, professional practices, group dynamics, in the overall GBV system and is also evidenced through changes that are happening at community level.

At individual level, transformative change was highest in empathy (68% in Bungoma, 65.5% in Kilifi, and 65.9% in Samburu). These results reflect the efficacy of interventions aimed at enhancing self-awareness and interpersonal understanding. Participants reported better emotional regulation and confidence in problem-solving, critical skills needed when working on GBV cases. Through their own testimonies, participants shared experiences that illustrate their personal growth, increased self-awareness, better emotional control, and enhanced communication skills. Many participants describe themselves as different people after the programme, with improved empathy and resilience. The programme has also helped in personal healing, with some participants overcoming past traumas and developing self-care practices.

At professional level, respondents exhibited remarkable professional development, particularly in supporting survivors of GBV. Transformative change in areas like resilience (57.1% in Bungoma), service quality (60.7% in Kilifi), and ethical behavior (60.7% in Samburu) underscores the success of capacity-building initiatives. The ability to empower survivors and restore their dignity emerged as a core improvement, suggesting a deeper commitment to ethical and empathetic professional practices. Through their own stories, participants described their transformation as professionals with examples on how the training had contributed to improved skills in managing anger and stress and in a better capacity to separate personal issues from professional conduct. Professionals have gained a better understanding of cultural biases and sensitivities, enabling them to address GBV cases with greater cultural awareness. They can now better tailor responses to different types of GBV cases, including substance abuse and mental health issues, and provide more holistic care. Enhanced active listening, communication, and counseling skills have also led to a shift in professional approaches, focusing on empowering clients to find their own solutions rather than imposing direct advice. Respondents feel greater professional satisfaction, less burnout, and an increased motivation to become champions in GBV prevention.

Within their sectoral groups/teams, change can also be observed. A significant shift was observed in group dynamics, with respondents reporting improved collaboration, communication, and mutual respect. The Transformative change was consistent across counties, such as 55.8% in Bungoma, 57% in Kilifi, and 63% in Samburu. These findings highlight the creation of cohesive and value-driven professional environments, fostering teamwork that enhances service delivery to GBV survivors. With their stories, programme participants shared that the programme has fostered improved team relationships and collaboration, with colleagues providing mutual support. Supervisors are playing a key role in providing guidance and support, and there is better communication between supervisors and supervisees. There is also improved accountability, with professionals referring cases to the appropriate personnel and seeking to provide more comprehensive care. Service accessibility has also improved, with counseling services more available and a move towards greater outreach.

At the level of the multi-sectoral GBV systems, changes were evident in cross-sectoral collaboration, trust, and understanding of roles. Transformative change ranged from 40% to 54% across counties, signifying progress in coordinated approaches to GBV case management. Improved information sharing and respect among sectors point to a more integrated and efficient system, enhancing outcomes for survivors and at-risk populations. Focus group discussions evidenced how the programme has led to the establishment of multi-sectoral networks with core competencies to handle GBV cases. There is greater multi-sectoral collaboration among hospitals, NGOs, police, and other sectors. Increased trust in institutions and service providers has contributed to reduced reliance on informal practices like kangaroo courts, with a greater emphasis on formal justice systems. The programme has also contributed to better rehabilitation and healing of survivors and clients.

The litmus test of transformative change is if change is occurring at community level, and if belief systems and behaviors are changing, and are contributing to a reduction in various forms of GBV. The study evidenced that participants feel a clear change also at community level. In Bungoma and Samburu, the programme has led to a reduction in harmful cultural practices such as FGM and child marriage. This is made possible because community leaders are now questioning old practices, acknowledging the negative effects of FGM and GBV, leading to a re-evaluation of their culture. Women have emerged as powerful catalysts for change, with increased economic independence and support networks. In Kilifi, parenting training has improved family dynamics, with more respect, harmony and reduction in GBV.

The programme's success is attributed on the one hand to its ability to facilitate transformative learning processes for the individuals who took part in certified trainings provided by the programme. This transformative learning process, furthermore, became a collective experience, created trust, bonds and networks and changed the way the system works. On the other hand, the programme's success is also attributed to its holistic approach, engaging key stakeholders in the socio-ecological system, providing comprehensive training, and promoting local ownership. The changes are not only seen as a result of the interventions but have also become self-sustaining through the establishment of self-appointed teachers and change agents in the communities.

Despite the progress, it is acknowledged that change is a gradual process that needs continued support and effort. For that reason, the study also highlights the need for continuing efforts to combat GBV in the targeted counties and to do so through a holistic and inclusive approach, which includes continuing to scale up certified training and other capacity strengthening initiatives, as well as through engaging with communities that have not yet been reached. The authors of the study believe that the programmatic approach of combining professional capacity building with community engagement, education, empowerment of survivors of GBV and champions for the cause of eliminating GBV can be replicated with success also in new communities within Bungoma, Kilifi and Samburu, as well as in other counties across Kenya where GBV is high.

THE FIGHT WILL CONTINUE!

"I do not think they (communities) will go back (to practicing FGM), because we (community leaders who have changed) come from all those areas. We are there. We have decided that we do not do this. The government is there, the Chief is there, and we are the eyes. Thank you for the way you showed us. It was the biggest impact." Clan Head 1, FGD with Supreme Council of Elders, Samburu

…

"The project is coming to an end. We do not see it (FGM) coming back because the government doesn't want it. The government will make sure this project will continue. Even if Kenya Finland is not there, the government is still there." Clan Head 3, FGD with Supreme Council of Elders, Samburu

…

"*We appreciate what it (the Kenya Finland Programme) was. It is clear. We will continue the fight. We are the guardians of the law and the culture in Samburu. We did appreciate you (the Kenya Finland Programme).*" Clan Head 4, FGD with Supreme Council of Elders, Samburu

Annex 1: Sample Size and Sampling Procedure

This study targeted 3,051 participants, representing all beneficiaries of the Kenya-Finland bilateral GBV programme across Bungoma, Kilifi, and Samburu counties. This number included individuals from diverse training activities like Counseling Psychology, mediation, and leadership training. The number was determined to reflect the total population of beneficiaries as documented in programme records. We used a multi-stage stratified sampling technique. First, the counties were purposively selected where Kenya-Finland programmes had been rolled out. The target population was then stratified into the three Counties. Proportion to population size sampling was used to allocate the participants to their respective training. Lastly, a random sampling technique was used to select participants using a roster (name list) as a sampling frame.

Sampling Procedure

Table 1: Distribution of sample by County N= 3051 n=381

County	N	N
Bungoma	1271	158
Kilifi	673	84
Samburu	1107	139
Total	3051	381

Table 2: Distribution of sample by capacity building programmes N= 3051 n=381

	Bungoma		**Kilifi**		**Samburu**		**Totals**	
	N	N	N	N	N	n	N	n
Counselling	459	57	400	49	763	96	1622	202
Alcohol, Drugs & Substance Abuse	193	24	166	21	182	23	541	68
Mediation	83	11	43	6	80	9	206	26
Male Engagement	452	57	0	0	0	0	452	57
Leadership for Performance	45	6	30	4	42	4	117	14
Positive Parenting	30	4	34	4	31	4	95	12
Coaching Session	9	1	0	0	9	1	18	2
Totals	**1271**		**673**		**1107**		**3051**	**381**

Sample size

The study on the Kenya-Finland Programme sampled 381 beneficiaries who were invited to complete an online questionnaire, ensuring broad representation. The sample size was determined by Krejcie and Morgan sample formula as follows:

$$S = \frac{\chi^2 \cdot N \cdot P \cdot (1 - P)}{d^2 \cdot (N - 1) + \chi^2 \cdot P \cdot (1 - P)}$$

Where:

S = Required sample size

N = Population size

P = Population proportion (assumed to be 0.5 for maximum variability)

d = Margin of error (e.g., 0.05 for ±5%)

χ^2 = Chi-square value for 1 degree of freedom at the desired confidence level (e.g., 3.841 for 95%)

$$S = \frac{3.841 \cdot 3051 \cdot 0.5 \cdot (1 - 0.5)}{0.05^2 \cdot (3051 - 1) + 3.841 \cdot 0.5 \cdot (1 - 0.5)}$$

$$S = \frac{2929.88175}{8.58525} = 341.29$$

The sample size was 341 plus 10% to cater to non-response. The study sample size was 381 participants.

Recruitment Plans

Recruitment was carried out by the research team, which included trained facilitators and field coordinators. Their actions included:

- Identifying eligible participants from programme records and community networks.
- Engaging stakeholders such as local leaders and programme coordinators to support recruitment.
- Conducting initial outreach via phone calls, emails, and community meetings to invite participants.
- Providing clear information about the study purpose, procedures, and confidentiality protocols.

Screening Procedures

Participants were screened based on the inclusion and exclusion criteria:

- **Inclusion Criteria:** Individuals who participated in Kenya-Finland GBV programme activities (e.g., training, community dialogues) and adults (18+ years) who could provide informed consent.
- **Exclusion Criteria:** Non-beneficiaries of the programme and individuals unwilling to provide consent or unable to participate due to logistical or personal reasons.

Data Collection

All data collectors underwent a one-day training in qualitative methods led by experienced researchers at ACK in Nairobi in December 2024. The training covered qualitative methodology, ethics, recruitment, interviewing skills, reflexivity, fieldwork logistics, and transcription. The research was conducted between November 2024 to February 2025. A pre-test study before the actual data

collection was done at the three counties targetting respondents who did not form part of the study participants later during the study.

Data were collected using a series of FGDs and KIIs in English, Kiswahili, or Mother tongue with the help of interpreters. Researchers conducted a total of 6 Single sectors and 2 mixed-sector FGDs per county comprising men and women as participants, with 8-12 participants in each group. Most participants came from the sub-counties within the three Counties.

Before starting the FGD, the researchers introduced the study to the participants (see the tools below-Appendices). This included information on why they have been selected to be part of the FGD, and what the information would be used for, introductory information also covered ethical aspects, such as confidentiality and consent. the researcher then circulated a participants list where the FGD participants included their names, and email addresses and signed as a way of consenting to participation in the FGD. Focused Group Discussion participants were informed about their right to not participate, if they do not want to, and of a right to leave and interrupt their participation in the FGD at any time.

The FGDs were held in a setting that provided privacy for the participants, ideally in a closed and comfortable space. Participants were offered drinks, and basic snacks, so participants took part in the FGD without having to feel uncomfortable about being thirsty or hungry. Participation in FGDs was not compensated with any cash payment as they had been informed before the sessions. The discussion was limited to a maximum of 90 minutes. Participants were drawn from the various sub-counties from the three counties as shown in the tables below:

Table 3: Distribution by Study locations and target population for Kilifi County

SN	Sub-County	Ward/Location
1	Kilifi North	Tezo, Sokoni, Kibarani, Dabaso, Matsangoni, Watamu and Mnarani
2	Kilifi South	Junju, Mwarakaya, Shimo la Tewa, Chasimba and Mtepeni
3	Malindi	Jilore, Kakuyuni, Ganda, Malindi Town and Shella
4	Magarini	Maarafa, Magarini, Gongoni, Adu, Garashi and Sabaki

Table 4: Distribution by Study locations and target population for Bungoma County

SN	Sub-County	Ward/Location	Target Population
1	Kabuchai	Kabuchai/Chwele, West Nalondo, Bwake/Luuya, Mukuyuni	Probation/Judiciary Ngao
2	Kanduyi	Bukembe West, Bukembe East, Township, Khalaba, Musikoma, East Sang'alo, West Sang'alo, Tuuti/ Marakaru	Education DCS-Children Officers MoH Mixed Sector (2)
3	Bumala	South Bukusu, Bumula, Khasoko, Kabula, Kimaeti, West Bukusu, Siboti	Council of Elders Women Leaders
4	Kimilili	Kibingei, Kimilili, Maeni, Kamukuywa	Key Informants
5	Mt. Elgon	Cheptais, Chesikaki, Chepyuk, Kapkateny, Kaptama, Elgon	Community Men Community Women

6	Sirisia	Namwela, Malakisi/South Kulisiru, Lwandanyi
7	Tongaren	Mbakalo, Naitiri/Kabuyefwe, Milima, Ndalu, Tongaren, Soysambu/Mituwa
8	Webuye East	Mihuu, Ndivisi, Maraka
9	Webuye West	Sitikho, Matulo, Bokoli, Misikhu

Table 5: Distribution by Study locations and target population for Samburu County

SN	Sub-County	Ward/Location	Target Population
1	Samburu East	Waso Wama West Wamba East Wamba North	Probation/Judiciary Ngao Education DCS-Children Officers MoH Mixed Sector (2) Council of Elders Morans Women Leaders Key Informants Community Men Community Women
2	Samburu West	Lodokejek Suguta Marmar Maralal Loosuk Poro	
3	Samburu North	El Barta Nachola Ndoto Nyiro Angata Nanyukie Baawa	

Annex 2: Research tools

Tool 1 : Online questionnaire

Introduction to the questionnaire:

This questionnaire is sent to all individuals who have benefited from any form of activity of the Kenya-Finland bi-lateral programme for GBV prevention and response. The questionnaire explores the extent to which the programme has contributed to "transformative change". Transformative change is interpreted in this context, both as an outcome and a process whereby people, professional groups (within sectors) and systems (between sectors) who are targeted by an intervention make fundamental changes in how they operate. This may require several steps, including identifying undesirable behaviors problems that need to be addressed, setting new norms and experimenting a new behaviors or ways of doing things, and finally consolidating these. For transformative change to happen at group-level and system level, it is assumed that changes need to take place for a sufficient number of individuals ("critical mass"). Transformative change also requires conducive and supportive environments and leadership, that can facilitate the new modus operandi. The following questionnaire aims to capture some of these changes and enabling factors for transformative change. The questionnaire has 5 sections and 38 questions in total. It is estimated to take 15-20 minutes to fill in the questionnaire.

Responses to the questionnaire will be used to inform reports and lessons learned on the contribution of the programme towards change in the prevention and response to GBV. Your response to the questionnaire be kept confidential. No information that can link a person to a specific response will be quoted in reports.

Section 1: Respondent profile

Select the sector you work in (multiple choice)

Police

Education

Health

Children's department

Justice

Civil Society

Community (e.g. Elders, faith-based leaders, CSO Staff, volunteers, community health promoters, child protection volunteers etc.)

County, Sub-county, Ward-level Administrators

County of work station (multiple choice)

Bungoma

Kilifi

Samburu

Email address

I have participated in the following activities of the programme (multiple choice)

Statement	Yes	No
a) Counselling training		
b) Alcohol, Drugs and Substance Abuse training		
c) Mediation training		
d)Community policing training		
e) Male engagement activities (activities promoting male allies in GBV prevention)		
f) Positive parenting training		
g) Leadership Training & Mentorship/coaching		
h) Exchange visit		
i)Community dialogue		
j) Recipient of dissemination of Standard Operating Procedures, policies, codes of conduct, training materials, and other technical publications		
k) Gender Sector Working Group		
l) Supportive Supervision Visit		
m) Personal therapy sessions		
n) Other		

Which category best describes your primary role or area of involvement in the GBV programme activities?
(Select one that applies most closely to you)

Legal:
I work in areas related to law, justice, or legal frameworks (e.g., police, judicial officers, probation officers, legal professionals).

Moral:
I am engaged in activities aimed at addressing moral and social behaviors, such as community engagement, substance abuse prevention, or cultural leadership (e.g., counselors, Elders, Morans, religious leaders).

Right Holders:
I represent or support individuals or communities advocating for their rights, such as survivors of GBV or community-based organization members (e.g., community health promoters, child protection volunteers, CBO staff).

Section 2: Personal change:

In this section you will respond to some questions about the personal change you have experienced (if any) because of participating in the programme.

Please think back to how you felt as a person, both in your private and professional life, before you got engaged in this programme. Please rate the extent to which you feel that you have changed as

a person, thanks to the activities of the programme (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change):

I feel better able to recognize and understand my emotions as they occur (***self-awareness***) (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change)

I feel more aware now than before of how my actions affect those around me (***self-awareness***) (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change)

I feel that I have a better understanding now than before of my personal strengths and areas of improvement (***self-awareness***) (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change)

I feel better able to manage my emotions effectively in challenging situations (***self-regulation***) (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change)

I feel more confident in my ability to find solutions when faced with difficult problems (***empowerment)*** (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change)

I feel more confident in determining what is ***ethically*** right and wrong to do when addressing gender based violence situation in my personal (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change)

I feel more able to listen to other people and understand how they feel (***empathy***) now than before (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change)

I feel that when I do things in my life, work, and private life, the ***quality*** in my performance is better now than it was before (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change)

I feel more able to keep trying, even after experiencing setbacks for failures now, than I did before ***(resilience*** ((1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change)

Section 3: Professional change:

In this section you will get some questions about changes (if any) you have made in your ***professional behavior*** and how you engage with persons who are at risk of gender-based violence and survivors of gender-based violence.

Please think back to how you engaged with persons who are at risk of gender-based violence and/or survivors of gender-based violence, before you got engaged in this programme. Please rate the extent to which you feel that you have changed your professional behaviour towards your clients,

thanks to the activities of the programme (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change)

I feel that I am better able now than before to help survivors of gender-based violence, or persons who are at risk of gender-based violence understand how they can use their strengths to find solutions to their situation ***(strength-based approach/empowerment)*** (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change)

I feel that I behave with more kindness now than before when I engage with survivors of gender-based violence, or persons who are at risk of gender-based violence ***(empathy)*** (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change)

I feel less prone to give up and more able to continue work with cases of gender-based violence and risk, even when it is difficult (***perseverance***) (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change)

I feel that my professional services towards survivors of gender-based violence and people at risk, have improved in ***quality*** (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change)

I feel better able to support survivors of gender-based violence and people at risk to maintain and restore their ***dignity*** with my services (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change)

I feel better able to have an ***ethical*** behaviour towards survivors of gender-based violence and people at risk (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change)

Section 4: Group / team-change:

In this section you will get some questions about changes (if any) you feel have emerged in your workplace / with your professional team / in your organization / in your sector.

Please think back to how you engaged with your colleagues (peers and supervisors) in your workplace / with your professional team / in your organization / in your sector before you got engaged in this programme. Please rate the extent to which you feel that this engagement has changed thanks to the activities of the programme (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change) :

I ***share information*** and exchange on professional issues with colleagues (peers and supervisors) in my workplace, more now than I did before (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change) .

I am more ***open to collaborating*** with others to achieve shared professional and organizational goals (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change).

I respect and ***value different perspectives*** more now than before (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change)

I am more willing to offer help and support to my peers when they need it now than before ***collaboration)*** (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change)

I can get ***support*** from colleagues (peers and supervisors) in my work when I need, more now than I did before (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change)

The ***quality*** of professional collaboration on cases has improved (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change)

My supervisor helps me to make the necessary changes (***enabling leadership***) in my work to deliver quality services to survivors or gender-based violence and people at risk (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change)

I have several colleagues around me (peers and supervisors) who have the same values and understanding as me about how to provide quality and ethical services to survivors or gender-based violence (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change)

I feel more comfortable seeking advice or feedback from my peers now than before ***(trust)*** (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change)

Section 5 : System change

In this section you will get some questions about changes (if any) you feel have emerged in collaboration and referrals across sectors.

Please think back to how you engaged with colleagues in other sectors before you got engaged in this programme. Please rate the extent to which you feel that this engagement has changed thanks to the activities of the programme (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change):

I understand my own sectors role and how it complements other sectors better now than before ***(understanding of own role and complementarity)*** (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change)

I feel that *professionals in other sectors understand their role better* now than before (***understanding of roles and complementarity by other sectors***) (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change)

My work is better respected by other sectors now than before ***(mutual respect)*** (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change)

I have better trust in the work of other sectors than before (***trust in other sectors***) (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change)

Information sharing between sectors is better now than before (***information sharing between sectors***) (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change)

I feel that the collaboration between sectors to escalate cases and seek support when needed is better now than before (***quality in collaboration)*** (1=no change 2=Minor change, 3=Moderate change, 4=significant change, 5= transformative change or very high impactful change)

Tool 2: Focus Group Discussion (FGD) for single sectors

Information for the research-team to help organizing the FGD:

This tool is to be used in FGDs that have representation of 8-12 programme beneficiaries from a single sector. Separate FGDs will be organized for Police (1/county), Education (1/county), Health (1/county) Children's department (1/county) and Judicial officers (officers of the court, probation officers, magistrates) (1/county) and one FGD with members of Community Based Organizations (CBOs) per county.

In total, we are aiming to have 5 FGDs/county. FGDs will be mixed female/male groups. All FGD-participants should be 18 years or older. Participants have all benefited from at least one of the certified training activities of the Kenya-Finland Programme.

Introduction to be provided to the FGD participants:

Hello. My name is _____, and this is my colleague _____. We are supporting the Kenya-Finland bilateral programme on GBV prevention and response with a study on transformative change among the duty bearers and rights holders that have been beneficiaries of this programme.

We have heard from participants in this programme that they think several aspects of this programme have been "*unique",* that the *"enrollment in 9-month courses"* reflects a more "*comprehensive*" capacity building approach as compared to that taken by many other programmes. Some participants have also used the word "*transformative"* when describing the programme.

With this study we would like to better understand the change that this programme has contributed to. Ultimately, the findings of the study is to document evidence that will be used to inform future programming on GBV prevention and response in Kenya. The study may also be used to publish a

report and articles in Kenya and at internationally on lessons learned from this programme and the strategies used.

To gather this information, we are speaking with participants of various training and capacity building activities of the programme.

The group discussion today will take about 90 minutes. If you agree to participate, we will ask you to sign a list of participants. When you sign that list you give your consent to participate in this study for the purposes we have explained just now.

Before you give your consent, it is important for you to know that even if we collect your name and contact details now, your name will not appear in any printed reports or articles with findings from this study. All information provided will be presented in such a way that individual responses cannot be linked back to a specific person.

It is also important for you to know that you participate at your own free will. If you at any point during the discussion do not want to participate anymore, you are free to leave, even if the discussion is not finished. If you do not feel comfortable answering some questions, you do not need to answer. If you feel uncomfortable about anything that has been said during the discussion, you are welcome to come forward and let our research team know about your concerns after the discussion. We will then discuss the best course of action to help you.

Do you have any questions? Do you agree to be part of the discussion today?

The researchers send around a participants list to sign to all participants who remain for the FGD.

Warm-up and profiling of participants

Before we start, I would like to propose that we do a tour of introductions. Can you please let others know for how long you have been engaged in this programme, and what kind of capacity building and training activities you have been part of.

Probe: What is your general feeling about these activities, have they been useful? Not useful?

Questions for the group discussion:

We would not like to explore some of the changes that this programme has contributed to, starting with changes (any) you feel have happened to you as an individual. Please share your personal experience with this programme.

Has the programme changed your self-awareness, such as recognizing your strengths and emotions better?

Do you feel more empowered to take action or make decisions in challenging situations?

Has your knowledge of ethical issues and how to address them improved because of the programme?

Do you feel better able to listen to and understand how other people feel (empathy)?

Has the programme improved the quality of how you complete tasks in your personal and professional life?

Do you feel more capable of persevering and completing tasks despite challenges?

Probe: Do other participants agree? Disagree?

To what extent have these changes contributed in any way to changes in how you engaged as a professional with survivors of gender-based violence, or persons who are at risk of gender-based violence?

Probe: Please give examples: in what way has your professional behaviour changed, e.g., in any of the following areas: being better able to empower survivors; engaging with more empathy; following through on cases tasks even when it is difficult; quality of services provided; ability to help survivors restore their dignity, ethical behaviour towards survivors of gender-based violence.

Probe: Do other participants agree? Disagree?

How has the programme influenced the way you work with your professional team/ organization / sector on GBV?

Probe: Please give examples. Is there, for example, any change in how you share information, in how people give peer support, and how supervisors give support and guidance? Is there a change in professional collaboration? In leadership provided by higher managers?

Probe: To what extent do you think there are enough people, colleagues and peers around you who now have the same values and understanding as you do, and who are able to provide quality and ethical services to survivors of gender-based violence?

If you think the programme has contributed to any kind of change in self-awareness, empowerment, professional behaviour, or how people work together, what do you think are the mechanisms / factors that have contributed to this change?

Probe: For example, what were the factors that "opened your eyes" to a need for change? What were the factors that helped make changes in the way you provide service or work with others? What do you think are the factors that contribute to consolidate change / institutionalize it in your workplace?

Similarly, what are the factors that have hampered change?

Wrap-up of the FGD

The study is about "transformative change", can you let us know how you qualify that and has the programme contributed to transformative change?

Are there any final lessons you would like to share? If this programme were scaled up, what would you change? What would you not change?

Thank the participants for their time and for sharing their insights.

Tool 3: Focus Group Discussion for mixed groups with representation from several sectors

Information for the research-team to help organizing the FGD:

This tool is to be used in FGDs that have representation of 8-12 programme beneficiaries from different sectors. FGDs will have a mix of representatives with a minimum of 1 participant for each of the following sectors: police, education, health, children's department, judicial officers (officers of the court, probation officers, magistrates), a member of Community Based Organizations (CBOs).

In total, we are aiming to have 2 FGDs mixed-sector FGDs/county. FGDs will be mixed female/male groups. All FGD participants should be 18 years or older. Participants have all benefited from at least one of the certified training activities of the Kenya-Finland Programme.

Introduction to be provided to the FGD participants:

Hello. My name is _____, and this is my colleague _____. We are supporting the Kenya-Finland bilateral programme on GBV prevention and response with a study on transformative change among the duty bearers and rights holders that have been beneficiaries of this programme.

We have heard from participants in this programme that they think several aspects of this programme have been "*unique",* that the *"enrollment in 9-month courses"* reflects a more "*comprehensive*" capacity building approach as compared to that taken by many other programmes. Some participants have also used the word "*transformative"* when describing the programme.

With this study we would like to better understand the change that this programme has contributed to. Ultimately, the findings of the study is to document evidence that will be used to inform future programmeming on GBV prevention and response in Kenya. The study may also be used to publish a report and articles in Kenya and at internationally on lessons learned from this programme and the strategies used.

To gather this information, we are speaking with participants of various training and capacity building activities of the programme.

The group discussion today will take about 90 minutes. If you agree to participate, we will ask you to sign a list of participants. When you sign that list you give your consent to participate in this study for the purposes we have explained just now.

Before you give your consent, it is important for you to know that even if we collect your name and contact details now, your name will not appear in any printed reports or articles with findings from this study. All information provided will be presented in such a way that individual responses cannot be linked back to a specific person.

It is also important for you to know that you participate at your own free will. If you at any point during the discussion do not want to participate anymore, you are free to leave, even if the discussion is not finished. If you do not feel comfortable answering some questions, you do not need to answer. If you feel uncomfortable about anything that has been said during the discussion, you are welcome to come forward and let our research team know about your concerns after the discussion. We will then discuss the best course of action to help you.

Do you have any questions? Do you agree to be part of the discussion today?

The researchers send around a participants list to sign to all participants who remain for the FGD.

Warm-up and profiling of participants

Before we start, I would like to propose that we do a tour of introductions. Can you please let others know for how long you have been engaged in this programme, and what kind of capacity building and training activities you have been part of.

Probe: What is your general feeling about these activities, have they been useful? Not useful?

Questions for the group discussion:

We would not like to explore some of the changes that this programme has contributed to, starting with changes (any) you feel have happened to you as an individual. Please share your personal experience with this programme.

Probe: Has the programme changed you in any of the following areas: self-awareness, empowerment, knowledge about ethical issues, capacity to listen to other people and understand how they feel (empathy), quality in how I complete life-tasks, capacity to get things done perseverance?

Probe: Do other participants agree? Disagree?

To what extent have these changes contributed in any way to changes in how you engaged as a professional with survivors of gender-based violence, or persons who are at risk of gender-based violence?

Probe: Please give examples: in what way has your professional behaviour changed, e.g., in any of the following areas: being better able to empower survivors; engaging with more empathy; following through on cases tasks even when it is difficult; quality of services provided; ability to help survivors restore their dignity, ethical behaviour towards survivors of gender-based violence.

Probe: Do other participants agree? Disagree?

What changes have you observed in collaboration with other sectors on GBV as a result of the programme? ?

Probe: Please give examples, e.g., changes in understanding of how various sectors complement each other in the prevention and response to GBV, changes in the respect professionals from different sectors have towards other sectors, changes in trust between sectors, changes in information sharing between sectors, changes in professional collaboration between sectors.

If you think the programme has contributed to any kind of change in self-awareness, empowerment, professional behaviour, or how people work together, what do you think are the mechanisms / factors that have contributed to this change?

Probe: For example, what were the factors that "opened your eyes" to a need for change? What were the factors that helped make changes in the way you provide service or work with others? What do you think are the factors that contribute to consolidate change / institutionalize it in your workplace?

Similarly, what are the factors that have hampered change?

Wrap-up of the FGD

The study is about "transformative change", can you let us know how you qualify that and has the programme contributed to transformative change?

Are there any final lessons you would like to share? If this programme were scaled up, what would you change? What would you not change?

Thank the participants for their time and for sharing their insights.

Sample 2: Case studies

A second aspect of qualitative component of the study will document case studies of change in three different community settings, one in Bungoma one in Samburu and one in Kilifi, where the programme interventions focused on eliminating the practice of FGM (Bungoma and Samburu) In these counties, **Elders and Cultural leaders in selected communities** considered high-risk for GBV were involved in various activities of the programme. Focus was on reducing harmful cultural practices such as FGM and teachings that promote violence and reinforce negative stereotypes, and child marriage. Activities included a wide range of engagements with Elders and Morans, community dialogues were facilitated, and radio shows were conducted to disseminate messages around GBV and harmful traditional practices. In Kilifi, community engagement, through community based organizations, focused on parenting practices.

A second aspect of the qualitative component of the study will document case studies of change in three different community settings, one in Bungoma, one in Samburu, and one in Kilifi where the programme interventions focused on eliminating the practice of FGM (Bungoma and Samburu) and strengthening parental practices (Kilifi). The case studies will be informed from data collection techniques that involve:

Key Informant Interviews with leaders in the community that can tell the story of the interventions that were delivered, and the change that happened as a result.

1-2 focus group discussions with Chiefs, Assistant chiefs, Elders, Morans, change agents and service providers that were trained as mediators

1-2 focus group discussions with community members to explore outcomes and process of cultural and behavioral change practices.

Observations as the study team visits the communities where interventions happened.

Tool 4: Key Informant Interviews / FGDs with leaders in the community

Introduction to be provided to the informant / group:

Hello. My name is _____, and this is my colleague _____. We are supporting the Kenya-Finland bilateral programme on GBV prevention and response with a study on transformative change among the duty bearers and rights holders that have been beneficiaries of this programme.

We would like to better understand the change that this programme has contributed to in this community. We will use the findings of the study to inform future programmes like this one. We may also use findings to publish a report and articles in Kenya and at internationally to people can learn from this programme and the strategies used.

To gather this information, we are speaking to participants of various training, capacity building and community engagement activities that have been supported by the programme.

The interview with you today will take about 45 minutes. We would like to ask you questions about the change that has happened here and what has been the experience of this community from participating in the GBV-programme.

Before we start, it is important for you to know that you participate in this interview only if you want. If you at any point during the discussion do not want to participate anymore, you can say so and we will then stop the interview. If you do not feel comfortable answering some questions, you do not need to answer. If you feel uncomfortable about anything that has been said during the discussion, you can tell us so. We will then discuss the best course of action to help you.

It is also important for you to know that the information we collect, and report will not be possible to link back to you. Nobody will know who has said what and your name will not appear in any printed reports or articles with findings from this study.

Do you have any questions? Do you agree to be part of the discussion today?

Introductory questions:

We have heard that you have been working in this community to reduce harmful cultural practices. Please tell us what the situation was like in this community when the GBV programme first started its activities. What were the problems and issues that happened?

Probe: Were these big problems in this community? Were they common? At the time, did people think these issues were problems?

Questions to assess how the community define / understands GBV issues:

What factors or influences encouraged people to adopt different cultural practices in this community??

Probe: For example, were there any specific teachings, ideas that people had that promoted these practices? What were they?

Questions to qualify the change that has happened:

What is the situation like now?

Probe: Has the situation improved? Are the problems still there? If the problems are still there, is the situation improved at all, or it remains the same as before?

What were the reasons that people changed their minds about how they are doing these cultural practices?

Probe: Have they changed their ideas about what are good and what are harmful practices? Please describe. Have they changed teachings? Are there any new role models?

Questions to describe the process of change that has happened:

Please tell us some more about the activities that the programme supported here in this community and that has contributed to the change we hear about today?

Probes: For example, have there been engagements with Elders and Morans? Have there been community dialogues? Were there radio shows? Have any individuals from this community participated in any training?

In your view, were these activities important? Was there any activity that was more important than the other? Please describe.

Questions to qualify to what extent new behaviors have been consolidated / behavioural change is complete:

If you think about the understanding that people in this community have about harmful cultural practices today, as compared to when the programme started, how much do you think people have completely changed their views?

What is the likelihood that this community might revert to previous practices??

Probes: Why? Why not? Is there anything that could make people to go back?

Wrap-up and request for help to mobilize other informants:

We would like to thank you for sharing your experience with us. Before we leave, we would like to ask you if there is anything you would like to show us in this community that can help us understand the change in cultural practices that happened here.

If there is anyone from this community who has been trained as a mediator, we would like to ask for your help to identify that person / those persons too so we can spek to him/her/them.

Finally, we would also like to speak to some of the community members, and request for your support to gather a group of community members who can talk to us about their experience in this process too.

Tool 5: Key informant interview / FGDs with change agents and service providers who were trained as mediators (Chiefs, Assistant chiefs, Elders, Morans, change agents and service providers)

Introduction to be provided to the informant / group:

Hello. My name is _____, and this is my colleague _____. We are supporting the Kenya-Finland bilateral programme on GBV prevention and response with a study on transformative change among the duty bearers and rights holders that have been beneficiaries of this programme.

We would like to better understand the change that this programme has contributed to in this community. We will use the findings of the study to inform future programmes like this one. We may also use findings to publish a report and articles in Kenya and at internationally to people can learn from this programme and the strategies used.

To gather this information, we are speaking to participants of various training, capacity building and community engagement activities that have been supported by the programme.

The interview with you today will take about 45 minutes. We would like to ask you questions about the change that has happened here and what has been the experience of this community from participating in the GBV-programme.

Before we start, it is important for you to know that you participate in this interview only if you want. If you at any point during the discussion do not want to participate anymore, you can say so and we will then stop the interview. If you do not feel comfortable answering some questions, you do not need to answer. If you feel uncomfortable about anything that has been said during the discussion, you can tell us so. We will then discuss the best course of action to help you.

It is also important for you to know that the information we collect, and report will not be possible to link back to you. Nobody will know who has said what and your name will not appear in any printed reports or articles with findings from this study.

Do you have any questions? Do you agree to be part of the discussion today?

Introductory questions:

We have heard that you have been working in this community to reduce harmful cultural practices. Please tell us what the situation was like in this community when the GBV programme first started its activities. What were the problems and issues that happened?

Probe: Were these big problems in this community? Were they common? At the time, did people think these issues were problems?

Questions to assess how the community define / understands GBV issues:

What do you think were the reasons these things happened here in this community?

Probe: For example, were there any specific teachings, ideas that people had that promoted these practices? What were they?

Questions to qualify the change that has happened:

What is the situation like now?

Probe: Has the situation improved? Are the problems still there? If the problems are still there, is the situation improved at all, or it remains the same as before?

What were the reasons that people changed their minds about how they are doing these cultural practices?

Probe: Have they changed their ideas about what are good and what are harmful practices? Please describe. Have they changed teachings? Are there any new role models?

Questions to qualify the role the respondents played in the process of change:

Please tell us some more about your own role in this change process?

Probes: For example, were you part of any training in community mediation? Have you been able to use any of what you learned in that training in this community? What happened and what was the role you played?

In your view, to what extent has your role been important? Was there anything you were able to do that was more important than other things? Please describe.

Is there anything you think should have been done differently or is there any recommendations you can provide to similar programmes, to strengthen their impact?

Questions to qualify to what extent new behaviors have been consolidated / behavioral change is complete:

If you think about the understanding that people in this community have about harmful cultural practices today, as compared to when the programme started, how much do you think people have completely changed their views?

What do you think is the risk that this community will go back to old behaviour?

Probes: Why? Why not? Is there anything that could make people to go back to how things were before?

Wrap-up:

We would like to thank you for sharing your experience with us. Is there anything else you would like to share with us before we leave?

Do you have any questions for us?

Tool 6: Key informant interview / FGDs with community members

Introduction to be provided to the informant / group:

Hello. My name is _____, and this is my colleague _____. We are supporting the Kenya-Finland bilateral programme on GBV prevention and response with a study on transformative change among the duty bearers and rights holders that have been beneficiaries of this programme.

We would like to better understand the change that this programme has contributed to in this community. We will use the findings of the study to inform future programmes like this one. We may also use findings to publish a report and articles in Kenya and at internationally to people can learn from this programme and the strategies used.

To gather this information, we are speaking to participants of various training, capacity building and community engagement activities that have been supported by the programme.

The interview with you today will take about 45 minutes. We would like to ask you questions about the change that has happened here and what has been the experience of this community from participating in the GBV-programme.

Before we start, it is important for you to know that you participate in this interview only if you want. If you at any point during the discussion do not want to participate anymore, you can say so and we will then stop the interview. If you do not feel comfortable answering some questions, you do not need to answer. If you feel uncomfortable about anything that has been said during the discussion, you can tell us so. We will then discuss the best course of action to help you.

It is also important for you to know that the information we collect, and report will not be possible to link back to you. Nobody will know who has said what and your name will not appear in any printed reports or articles with findings from this study.

Do you have any questions? Do you agree to be part of the discussion today?

Introductory questions:

We have heard that you have been working in this community to reduce harmful cultural practices. Please tell us what the situation was like in this community when the GBV programme first started its activities. What were the problems and issues that happened?

Probe: Were these big problems in this community? Were they common? At the time, did people think these issues were problems?

Questions to assess how the community define / understands GBV issues:

What do you think were the reasons these things happened here in this community?

Probe: For example, were there any specific teachings, ideas that people had that promoted these practices? What were they?

Questions to qualify the change that has happened:

What is the situation like now?

Probe: Has the situation improved? Are the problems still there? If the problems are still there, is the situation improved at all, or it remains the same as before?

What were the reasons that people changed their minds about how they are doing these cultural practices?

Probe: Have they changed their ideas about what are good and what are harmful practices? Please describe. Have they changed teachings? Are there any new role models?

Questions to describe the process of change that has happened:

Please tell us some more about the activities that the programme supported here in this community and that has contributed to the change we hear about today?

Probes: For example, have there been engagements with Elders and Morans? Have there been community dialogues? Were there radio shows? Have any individuals from this community participated in any training?

In your view, were these activities important? Was there any activity that was more important than the other? Please describe.

Questions to qualify to what extent new behaviors have been consolidated / behavioral change is complete:

If you think about the understanding that people in this community have about harmful cultural practices today, as compared to when the programme started, how much do you think people have completely changed their views?

What do you think is the risk that this community will go back to old behaviour?

Probes: Why? Why not? Is there anything that could make people to go back to how things were before?

Wrap-up:

We would like to thank you for sharing your experience with us. Is there anything else you would like to share with us before we leave?

Do you have any questions for us?

Tool 7: Observations

Write down what the community looks like and the life situation in the community (is it a remote area, how many people live there approximately, are there any services there (e.g., schools, health facilities), do people seem rich / poor, content, not content.

List and describe the places, objects, situations that community members and leaders show the researchers because of their meaning to the behavioral change.

Ask about and document the role and significance of these places, objects, situations have for the change process (what are you seeing, why is this important, what happened, to whom, by whom?)

Tool 8: Protocol for reporting concerns and issues related to individual or community wellbeing.

Name of the person filling in the form:

Contact details of the person filling in the form:

Point to ask the complainant about	Information to be filled by researcher:
Describe what happened:	
When did it happen?	
To whom did it happen (name, address, phone number)?	
How old is the person concerned?	
If the concerned person is a child, does he/she have any responsible caregiver who is helping (yes/no)? If yes, please provide name and contact details of care giver.	
Is there a suspected perpetrator (yes/no)? If yes, who is the suspected perpetrator?	
Has the issue been reported to someone else before (yes/no)? If yes, to whom (name and contact details).	

Annex 3: Permits and licenses

Kenya-Finland Bilateral Programme on Gender-Based Violence
Telposta Towers, 4th floor
Nairobi, Kenya

December 5, 2024

The County Commissioner
Kilifi County, Kenya.

Dear Sir,

Re: Introduction letter – Research team for the Kenya-Finland Bilateral Program

Strengthening Prevention and Response to Gender-based Violence (GBV) in Kenya is a € 6 million bilateral programme funded by the Governments of Finland and Kenya. This programme (2022-2024) is designed to reduce GBV and other harmful practices – strengthening systems and structures at national level and in the counties of Bungoma, Kilifi and Samburu –counties which were chosen due to their unique context, GBV concerns, and the goodwill demonstrated by their respective leadership.

As part of this program, a study on transformational change among duty bearers and rights holders benefiting from the program interventions is scheduled for data collection from **December 9 to 13, 2024**. We are pleased to introduce the research team members who will conduct the data collection in Kilifi County and kindly request a courtesy visit to your office to discuss their work:

- Dr. Violet Nekesa Simiyu – Quantitative Researcher-Kilifi
- Dr. Wilkins Ndege Muhingi – Principal Investigator-Kilifi
- Mr. Edwine Otieno – Research Assistant-Kilifi

We would be grateful if you could continue to extend your cooperation and assistance to the team during their assignment. Should you require any further details or clarification, please do not hesitate to contact **Gabriel Mureithi** via email at **MUGA@NIRAS.COM**.

Thank you for your continued support and collaboration in this important work.

Warm regards,

Michelle Ell
Chief Technical Advisor

CC: Program Management Team, Kenya-Finland Bilateral Program

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: 423167

Date of Issue: 06/January/2025

RESEARCH LICENSE

This is to Certify that Dr.. WILKINS NDEGE MUHINGI of Research Publication and Dissemination Centre , has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Kilifi on the topic: Study on Transformational Change Among Duty Bearers and Rights Holders Supporting Prevention and Response to Gender-Based Violence in Bungoma, Kilifi, and Samburu Counties, Kenya for the period ending : 06/January/2026.

License No: NACOSTI/P/25/414747

423167

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

See overleaf for conditions

State Department Letter

REPUBLIC OF KENYA

MINISTRY OF GENDER, CULTURE, THE ARTS AND HERITAGE
STATE DEPARTMENT FOR GENDER AND AFFIRMATIVE ACTION
OFFICE OF THE PRINCIPAL SECRETARY

Ref.: MGCAH/SDGAA/PROG/10/10

Date: 14th November, 2024

The Chief Executive Officer
National Commission for Science, Technology & Innovation
NAIROBI

RE: REQUEST FOR NACOSTI RESEARCH PERMIT

The Governments of Kenya and Finland have been implementing a bilateral programme on Strengthening Prevention and Response to Gender-Based Violence (GBV) in Kenya, which is implemented by the state Department for Gender and affirmative Action. This is a three (3) years programme which is being implemented in three counties of **Kilifi, Samburu and Bungoma**.

This program will be coming to an end in February, 2025. We have planned to conduct an impact assessment of the programme in the three counties. It is in this regard, that **Dr. Wilkins Ndege Muhingi**, who is a Principal Investigator has been contracted to carry out the planned study which will take place between November and December.

The purpose of this letter therefore, is to confirm that **Dr. Muhingi** will be conducting the study on our behalf and also request your office to facilitate the consultant with a permit to enable him conduct the study in the stated counties.

Assistance accorded to him will be highly appreciated.

ANNE WANG'OMBE
PRINCIPAL SECRETARY

Copy to: **Dr. Wilkins Ndege Muhingi**
Principal Investigator
Kenya-Finland Programme
NAIROBI

Institutional Scientific Ethical Research Committee

Pan Africa Christian University

Thika Road Campus | Valley Road Campus
P.O. Box 56875-00200 | +254 730955000 | +254 730955501/2
enquiries@pacuniversity.ac.ke | www.pacuniversity.ac.ke

REF: PAC/ISERC/70/12/24 Date: 06/12/2024

TO:
Dr. WILKINS NDEGE MUHINGI
C/O wilkndege@gmail.com

Dear Sir,

RE: Project Title:
Study on Transformational Change Among Duty Bearers and Rights Holders Supporting Prevention and Response to Gender-Based Violence in Bungoma, Kilifi, and Samburu Counties, Kenya

This is to inform you that PAC_ *ISERC* has reviewed and approved your above research proposal. Your application approval number is PAC/ISERC/70/12/24. The approval period is 6th December 2024 – 6th December 2025.

This approval is subject to compliance with the following requirements;

i. Only approved documents including (informed consent and study instruments,) will be used
ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by *PAC_ISERC*.
iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to *PAC_ ISERC* within 72 hours of notification
iv. Any changes, anticipated or otherwise that may increase the risks or affect the safety or the welfare of study participants and others or affect the integrity of the research must be reported to *PAC_ISERC* within 72 hours
v. Clearance for export of biological specimens must be obtained from relevant institutions.
vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.
vii. Submission of an executive summary report within 90 days upon completion of the study to *PAC_ ISERC*.

Before commencing your study, you will be expected to obtain a research license from the National Commission for Science, Technology and Innovation (NACOSTI) https://research-portal.nacosti.go.ke and also obtain other clearances needed.

Yours sincerely,

Dr. Jane Kinuthia

Chair, ISERC

Annex 4: Bibliography

Bevilacqua, K., Wood, S. N., Ngare, G. W., & Decker, M. R. (2022). Gender-based violence during COVID-19 among adolescent girls and young women in Nairobi, Kenya: A mixed-methods prospective study over 18 months. *BMJ Global Health*. Retrieved from https://gh.bmj.com/content/7/2/e007807.abstract

Bhattacharjee, P., Ma, H., Musyoki, H., Cheuk, E., Isac, S., & Blanchard, J. (2020). Prevalence and patterns of gender-based violence across adolescent girls and young women in Mombasa, Kenya. *BMC Women's Health*. Retrieved from https://link.springer.com/article/10.1186/s12905-020-01081-8

Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. Am Psychol. 1977;32:513–531. doi:10.1037/0003-066X.32.7.513

Bryant, R. A., Schafer, A., Dawson, K. S., Anjuri, D., Mulili, C., Ndogoni, L., ... & Njenga, F. (2017). Effect of a brief behavioral intervention on psychological distress among women with a history of gender-based violence in urban Kenya: A randomized clinical trial. *PLOS Medicine*. Retrieved from https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002371

Kenya National Bureau of Statistics (2022). Kenya Demographic Health Survey 2022. Retrieved from https://www.knbs.or.ke/reports/kdhs-2022/#:~:text=The%202022%20KDHS%20is%20the%207th%20Demographic%20and,and%20monitoring%20and%20evaluation%20of%20projects%20and%20programmes

Kimuna, S. R., & Djamba, Y. K. (2008). Gender-based violence: Correlates of physical and sexual wife abuse in Kenya. *Journal of Family Violence*. Retrieved from https://link.springer.com/article/10.1007/s10896-008-9156-9

Mersmann, F., Olsen, K. H., Wehnert, T., Boodoo, Z., & Fenhann, J. V. (2014). *From theory to practice: Understanding transformational change in NAMAs*. UNEP DTU Partnership.
Mezirow, J. (1991). Transformative dimensions of adult learning. San Francisco, CA: Jossey-Bass.

NIRAS (2023). Kenya-Finland Programme on Strengthening Prevention and Response to Gender-Based Violence (GBV) in Kenya: Semi-Annual Progress Report July 1, 2022 – December 31, 2022

Shako, K., & Kalsi, M. (2019). Forensic observations and recommendations on sexual and gender-based violence in Kenya. *Forensic Science International: Synergy*. Retrieved from https://www.sciencedirect.com/science/article/pii/S2589871X19300841

Quiroga, A. F., Rodríguez, R. C., & Nkurunziza, R. (2023). Analysis of the risk factors of gender-based violence and resilience strategies of women in Lamu, Kenya. *iQual*. Retrieved from https://revistas.um.es/iqual/article/view/541261